

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 40003050 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 180 Days  
PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090011377 Invoice Date/تاريخ الفاتورة: 03.08.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref     | SKU ID      | Item Description                       | Del Date      | QTY    | UPrice w/c VAT           | VAT%                 | VAT Amount   | Total with VAT |
|---------|-------------|----------------------------------------|---------------|--------|--------------------------|----------------------|--------------|----------------|
| الترتيب | رقم الصنف   | وصف الصنف                              | تاريخ التوريد | الكمية | السعر الفردي دون الضريبة | ضريبة القيمة المضافة | قيمة الضريبة | الإجمالي       |
| •       | 8000000668  | ALCON INFINITI Labor Contract          |               | 1      | 11,500.00                | 15.00%               | 1,725.00     | 13,225.00      |
| •       | 80000003730 | KOWA-PERIMETER LABOR CONTRACT          |               | 1      | 9,000.00                 | 15.00%               | 1,350.00     | 10,350.00      |
| •       | 8000000698  | NIDK MC300/500 LABOR CONTRACT          |               | 1      | 12,500.00                | 15.00%               | 1,875.00     | 14,375.00      |
| •       | 8000000740  | NIDK YC1800/1600 LABOR CONTRACT        |               | 1      | 7,500.00                 | 15.00%               | 1,125.00     | 8,625.00       |
| •       | 8000000776  | KOWA-VX10/10I/20 LABOR CONTRACT        |               | 1      | 9,000.00                 | 15.00%               | 1,350.00     | 10,350.00      |
| •       | 8000002289  | NIDK AL-SCAN LABOR CONTRACT            |               | 1      | 7,500.00                 | 15.00%               | 1,125.00     | 8,625.00       |
| •       | 8000002138  | NATUS RETCAM SHUTTLE 2/3 LABOR CONTRAC |               | 1      | 8,000.00                 | 15.00%               | 1,200.00     | 9,200.00       |



SEVENTY-FOUR THOUSAND SEVEN HUNDRED Total 7 Total SAR/شامل الضريبة: 65,000.00  
FIFTY SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 9,750.00  
الكمية: Net Amount/المجموع: 74,750.00

*Handwritten signature and date 03/08/2021*

General Manager

User : Imail ayyakaramen

Head Office Jeddah :  
P. O. Box 3871 Jeddah 21481 - KSA  
Tel. : 966-12-660 1149 / 665 5766  
Fax. : 966-12-660 1146

Riyadh Branch :  
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Tel. : 966-11-480 0407  
Fax. : 966-11-480 3034

Al-Khobar Branch :  
P. O. Box 30047 Al-Khobar 31952 - KSA  
Tel. : 966-13-864 2911 / 864 3587  
Fax. : 966-13-899 4033

Al-Madina Branch :  
P. O. Box 2870 Madina - KSA  
Tel. : 966-14-815 4244 / 815 2529  
Fax. : 966-14-815 4742

Abha Branch :  
Al Rajhi Center, Khalidiya, Abha,  
Tel. : 966-17-228 8790  
Fax. : 966-17-228 8791

E-Mail : ksa@amicogroup.com www.amicogroup.com





100315 : الفاتورة الى  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المستلمة: 101133  
KING ABDOUL AZIZ HOSPITAL (MAJBAR)  
م. الملك عبد العزيز المحجر جدة  
ONCOLOGY CENTER  
JEDDAH 21485  
SAUDI ARABIA

1950 1 16 1

ZALD

## TAX INVOICE

## فاتورة ضريبة

7001/4/1

Uang : Email ayyakarani

General Manager

**Head Office Jeddah :**  
P. O. Box 3871 Jeddah 21481 - KSA  
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Fax. : 966-17-228 8791

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com) [www.amicogroup.com](http://www.amicogroup.com)



**AMICO**

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
العجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

ZALD

JED

SHIPPED TO/المستلمة: 101133  
KING ABDUL AZIZ HOSPITAL (MAJAL)  
م. الملك عبد العزيز المحجر بجدة  
ONCOLOGY CENTER  
JEDDAH 21485  
SAUDI ARABIA

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3  
SO No./رقم طلب البيع: 40003050 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع:  
PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090011377 Invoice Date/تاريخ الفاتورة:

**TAX INVOICE****فاتورة ضريبية**

| Ref<br>البيان | SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج         | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>التيمة<br>المضافة |
|---------------|----------------------|----------------------------------------|---------------------------|---------------|-----------------------------------------------------|------------------------------------|
|               | 8000000668           | ALCON INFINITI Labor Contract          |                           | 1<br>EA       | 11,500.00                                           | 15.00%                             |
|               | 80000003730          | KOWA-PERIMETER LABOR CONTRACT          |                           | 1<br>EA       | 9,000.00                                            | 15.00%                             |
|               | 8000000698           | NIDK MC300/500 LABOR CONTRACT          |                           | 1<br>EA       | 12,500.00                                           | 15.00%                             |
|               | 8000000740           | NIDK YC1800/1600 LABOR CONTRACT        |                           | 1<br>EA       | 7,500.00                                            | 15.00%                             |
|               | 8000000776           | KOWA-VX10/101/20 LABOR CONTRACT        |                           | 1<br>EA       | 9,000.00                                            | 15.00%                             |
|               | 80000002289          | NIDK AL-SCAN LABOR CONTRACT            |                           | 1<br>EA       | 7,500.00                                            | 15.00%                             |
|               | 80000002138          | NATUS RETCAM SHUTTLE 2/3 LABOR CONTRAC |                           | 1<br>EA       | 8,000.00                                            | 15.00%                             |

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SEV  
FILE

User : Ismail ayyekagaden

General Manager

Head Office Jeddah :  
P. O. Box 3871 Jeddah 21481 - KSA  
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E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.ت. ٤٠٣٠٠٤٧٨٧ - رأس المال ١٥٠,٠٠٠,٠٠٠ ريال سعودي - غ.ت. ١٩٨٠٠



AMICO

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/إلى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

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JED

SHIPPED TO/المشاة المستلمة: 101133  
KING ABDUL AZIZ HOSPITAL (MAHJAR 1)  
م. الملك عبد العزيز المحجر بجدة  
ONCOLOGY CENTER  
JEDDAH 21485  
SAUDI ARABIA

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SO No./رقم طلب البيع: 40003050 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع:  
PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090011377 Invoice Date/تاريخ الفاتورة:

TAX INVOICE

فاتورة ضريبية

| Ref     | SKU ID      | Item Description                       | Del Date      | QTY    | UPrice w/c VAT           | VAT%                 |
|---------|-------------|----------------------------------------|---------------|--------|--------------------------|----------------------|
| الترتيب | رقم المنتج  | وصف المنتج                             | تاريخ التوريد | الكمية | السعر الفردي دون الضريبة | ضريبة القيمة المضافة |
|         | 8000000668  | ALCON INFINITI Labor Contract          |               | 1 EA   | 11,500.00                | 15.00%               |
|         | 80000003730 | KOWA-PERIMETER LABOR CONTRACT          |               | 1 EA   | 9,000.00                 | 15.00%               |
|         | 80000000698 | HIDK MC300/500 LABOR CONTRACT          |               | 1 EA   | 12,500.00                | 15.00%               |
|         | 80000000740 | HIDK YC1800/1600 LABOR CONTRACT        |               | 1 EA   | 7,500.00                 | 15.00%               |
|         | 80000000776 | KOWA-VX10/101/20 LABOR CONTRACT        |               | 1 EA   | 9,000.00                 | 15.00%               |
|         | 80000002289 | HIDK AL-SCAN LABOR CONTRACT            |               | 1 EA   | 7,500.00                 | 15.00%               |
|         | 80000002136 | NATUS RETCAM SHUTTLE 2/3 LABOR CONTRAC |               | 1 EA   | 8,000.00                 | 15.00%               |

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REV  
FILE

User : Email: ayshakam

General Manager

Head Office Jeddah :  
P. O. Box 3871 Jeddah 21481 - KSA  
Tel. : 966-12-660 1149 / 665 5766  
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BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المنشأة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

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JED

Amico VAT No./الضريبي: 300466305500003  
SO No./رقم طلب البيع: 70026728  
Delivery No./رقم التوريد: 800705190  
PO NO./رقم طلب الشراء: Kfht-3-253  
Invoice No./رقم الفاتورة: 1090010772

Customer VAT No./الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع:  
Contact Person/شخص الاتصال:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة:

02.06.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البن | SKU ID<br>رقم الصنف                     | Item Description<br>وصف الصنف    | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|-------------|-----------------------------------------|----------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000116820  | NIDK 14610-BA01 Main Board              | قطع غيار اجهزة تصحيح قوة الابصار | 01.06.2021                   | 1<br>EA       | 16,937.50                                           | 15.00%                             | 2,540.63                      | 19,478.13                     |
| 1000116842  | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار اجهزة فحص و عمليات عيون | 01.06.2021                   | 1<br>EA       | 13,500.00                                           | 15.00%                             | 2,025.00                      | 15,525.00                     |

TY-FIVE THOUSAND THREE AND 13/100Total  
RIYAL ONLY

Quantity  
الكمية:

2

Total SAR/شامل الضريبة  
VAT SAR/المجموع غير شامل الضريبة

30,437.50  
4,565.63  
35,003.13

Net Amount/المجموع  
المجموع

Technical Dept.  
Tel. 92002828  
Fax. 92001149  
Ext. 2304

AMICO  
C.R. 40301  
Saudi Arabia

General Manager

usif Khogaly

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AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

SHIPPED TO/المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

ZMMI

JED

Amico VAT No./الضريبي: 300466305500003  
SO No./رقم طلب البيع: 70026728  
Delivery No./رقم التوريد: 800705190  
PO NO./رقم طلب الشراء: Kfht-3-253  
Invoice No./رقم الفاتورة: 1090010772Customer VAT No./الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع:  
Contact Person/شخص الاتصال:

Payable within 90 Days

02.06.2021

Invoice Date/تاريخ الفاتورة:

فاتورة ضريبية

## TAX INVOICE

| Ref<br>البنك | SKU ID<br>رقم الصنف                     | Item Description<br>وصف الصنف    | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|--------------|-----------------------------------------|----------------------------------|------------------------------|---------------|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000116820   | NIDK 14610-BA01 Main Board              | قطع غيار اجهزة تصحيح قوة الابصار | 01.06.2021                   | 1<br>EA       | 16,937.50                             | 15.00%                             | 2,540.63                      | 19,478.13                     |
| 1000116842   | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار اجهزة فحص و عمليات عيون | 01.06.2021                   | 1<br>EA       | 13,500.00                             | 15.00%                             | 2,025.00                      | 15,525.00                     |

Y-FIVE THOUSAND THREE AND 13/100Total  
RIYAL ONLYQuantity  
الكمية:

2

Total SAR/شامل الضريبة: 30,437.50  
VAT SAR/ضريبة القيمة المضافة: 4,565.63  
Net Amount/المجموع: 35,003.13

if Khogaly

Jeddah:

Jeddah 21481 - KSA  
Tel.: +966-11-480 0407  
Fax.: +966-11-480 3034  
0 1146  
920028289

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General Manager

Qassim Branch:

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Contact Person/شخص الاتصال:

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Invoice Date/تاريخ الفاتورة:  
**فاتورة ضريبية**

| Ref<br>البلد | SKU ID<br>رقم الصنف                     | Item Description<br>وصف الصنف    | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT8<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|--------------|-----------------------------------------|----------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000116820   | NIDK 14610-BA01 Main Board              | قطع غيار اجهزة تصحيح قوة الابصار | 01.06.2021                   | 1<br>EA       | 16,937.50                                           | 15.008                             | 2,540.63                      | 19,478.13                     |
| 1000116842   | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار اجهزة فحص و عمليات عيون | 01.06.2021                   | 1<br>EA       | 13,500.00                                           | 15.008                             | 2,025.00                      | 15,525.00                     |

FIVE THOUSAND THREE AND 13/100  
RIYAL ONLY

Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 30,437.50  
VAT SAR/ضريبة القيمة المضافة: 4,565.63  
Net Amount/المجموع: 35,003.13

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Abha Branch:  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel.: +966-17-228 8790  
Fax.: +966-17-228 8791

Hail Branch:  
Hail - KSA  
Tel.: +966-16-558-6266  
Fax.: +966-16-558-5080

Qassim Branch:  
Qassim - Buraidah - KSA  
Tel.: +966-16-326-3115  
Fax.: +966-16-326-7115

E-Mail: ksa@amicogroup.com  
www.amicogroup.com

General Manager



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

SHIPPED TO/المنشأة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

ZMMI

JED

AMICO VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 70026728  
Delivery No./رقم التوريد: 800705190  
PO NO./رقم طلب الشراء: Kfht-3-253  
Invoice No./رقم الفاتورة: 1090010772Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب: 3002314615100003  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال: 02.06.2021

Invoice Date/تاريخ الفاتورة:

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>الترتيب | SKU ID<br>رقم الصنف                     | Item Description<br>وصف الصنف    | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/d<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|----------------|-----------------------------------------|----------------------------------|---------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000116820     | NIDK 14610-BA01 Main Board              | قطع غيار اجهزة تصحيح قوة الابصار | 01.06.2021                | 1<br>EA       | 16,937.50                                           | 15.00%                             | 2,540.63                      | 19,478.13                     |
| 1000116842     | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار اجهزة فحص وعمليات عيون  | 01.06.2021                | 1<br>EA       | 13,500.00                                           | 15.00%                             | 2,025.00                      | 15,525.00                     |

FIFTY-FIVE THOUSAND THREE AND 13/100 Total  
IDI RIYAL ONLYQuantity  
الكمية:

2

Total SAR/المجموع غير شامل الضريبة: 30,437.50  
VAT SAR/القيمة المضافة: 4,565.63  
Net Amount/المجموع: 35,003.13

Youssef Rhogaly

Office: Jeddah : Riyadh Branch : Al-Khobar Branch : Al-Madina Branch : Abha Branch : Hail Branch : Qassim Branch :  
 P. O. Box 3871 Jeddah 21481 - KSA P. O. Box 55177, Riyadh 11534, KSA P. O. Box 30047, Al Khobar 31952 - KSA P. O. Box 2870 Madina - KSA Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA Qassim - Buraidah - KSA  
 Tel. : +966-11-480 0407 Tel. : +966-13-864 2911 / 864 3587 Tel. : +966-14-815 4244 / 815 2529 Tel. : +966-17-228 8790 Tel. : +966-16-558-6266 Tel. : +966-16-326-3115  
 Fax : +966-11-480 3034 Fax : +966-13-899 4033 Fax : +966-14-815 4742 Fax : +966-17-228 8791 Fax : +966-16-558-5080 Fax : +966-16-326-7115  
 OM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com



BILLED TO/إلى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

SHIPPED TO/المنشأة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

AMICO VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 70026728  
Delivery No./رقم التوريد: 800705190  
PO NO./رقم طلب الشراء: Kfht-3-253  
Invoice No./رقم الفاتورة: 1090010772

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع:  
Contact Person/شخص الاتصال:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة: 02.06.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البيان | SKU ID<br>رقم المنتج                    | Item Description<br>وصف المنتج  | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الضريبة | VAT %<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|---------------|-----------------------------------------|---------------------------------|---------------------------|---------------|---------------------------------------|-------------------------------------|-------------------------------|-------------------------------|
| 1000116820    | NIDK 14610-BA01 Main Board              | قطع غيار أجهزة تصحيح قوة البصر  | 01.06.2021                | 1<br>EA       | 16,937.50                             | 15.00%                              | 2,540.63                      | 19,478.13                     |
| 1000116842    | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار أجهزة فحص وعمليات عيون | 01.06.2021                | 1<br>EA       | 13,500.00                             | 15.00%                              | 2,025.00                      | 15,525.00                     |

TY-FIVE THOUSAND THREE AND 13/100  
I RIYAL ONLY

Quantity  
الكمية: 2

Total SAR/شامل الضريبة: 30,437.50  
VAT SAR/القيمة المضافة: 4,565.63  
Net Amount/المجموع: 35,003.13

QUART Rhogaly

ce: Jeddah :  
1 Jeddah 21481 - KSA  
Tel. : +966-11-480 5766  
Fax. : +966-11-480 3034  
DE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
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Fax. : +966-13-899 4033

Al-Madina Branch :  
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E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 1 of 1

SHIPPED TO/إلى المستلمة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

SAUDI ARABIA

ZMMI

JED

Amico VAT No./الرقم الضريبي: 300466305500003

SO No./رقم طلب البيع: 70026728

Delivery No./رقم التوريد: 800705190

PO No./رقم طلب الشراء: Rfht-3-253

Invoice No./رقم الفاتورة: 1090010772

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

Payable within 90 Days

02.06.2021

Invoice Date/تاريخ الفاتورة:

# TAX INVOICE

## فاتورة ضريبية

| Ref<br>الترتيب | SKU ID<br>رقم الصنف                     | Item Description<br>وصف الصنف    | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|----------------|-----------------------------------------|----------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000116820     | NIDK 14610-BA01 Main Board              | قطع غيار اجهزة تصحيح قوة الابصار | 01.06.2021                   | 1<br>EA       | 16,937.50                                           | 15.00%                             | 2,540.63                      | 19,478.13                     |
| 1000116842     | NIDK 14610BA02 US AMP BOARD for US-4000 | قطع غيار اجهزة فحص و عمليات عيون | 01.06.2021                   | 1<br>EA       | 13,500.00                                           | 15.00%                             | 2,025.00                      | 15,525.00                     |

Received original Invoice



8/6/2021

THIRTY-FIVE THOUSAND THREE AND 13/100 Total

SAUDI RYIAL ONLY

Quantity

الكمية:

Total SAR/إجمالي الفاتورة: 30,437.60

VAT SAR/القيمة المضافة: 4,565.63

Net Amount/المجموع: 35,003.13

User: Youssif Khogaly

Head Office: Jeddah:

P.O.Box 3871 Jeddah 21481 - KSA

Tel: +966-12-660 1149 / 665 6766

Fax: +966-12-660 1148

KINGDOM WIDE 920028289

Riyadh Branch:

P.O. Box 55177, Riyadh 11534, KSA

Tel: +966-11-480 0407

Fax: +966-11-480 3034

Al-Khobar Branch:

P.O. Box 30047, Al Khobar 31952 - KSA

Tel: +966-13-864 2911 / 864 3587

Fax: +966-13-899 4033

Al-Madina Branch:

P.O. Box 2870 Madina - KSA

Tel: +966-14-815 4244 / 815 2529

Fax: +966-14-815 4742

Abha Branch:

Al Rajhi Center - Khaldiya - Abha - KSA

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Fax: +966-17-228 8791

Hail Branch:

Hail - KSA

Tel: +966-16-558-6266

Fax: +966-16-558-5080

General Manager

Qassim Branch:

Qassim - Buraidah - KSA

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Fax: +966-16-328-3331

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AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلاجية  
Al Amin Medical Instruments Co. Ltd.BILLED TO/الفاكورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDAH  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIASHIPPED TO/المشاة المسلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDAH  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIAAmico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70026618 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 000703714 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: SHJ-47 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010692 Invoice Date/تاريخ الفاتورة: 27.05.2021

## TAX INVOICE

## فاتورة ضريبية

| R. / رقم المنتج | SKU ID / رقم المنتج | Item Description / وصف المنتج                                       | Del Date / تاريخ التوريد | QTY / الكمية | UPrice w/c VAT / السعر الفردي دون الضريبة | VAT9 / ضريبة القيمة المضافة | VAT Amount / قيمة الضريبة | Total with VAT / الإجمالي |
|-----------------|---------------------|---------------------------------------------------------------------|--------------------------|--------------|-------------------------------------------|-----------------------------|---------------------------|---------------------------|
|                 | 1000024052          | ALCO 210-1022-501E ASSY FLUIDICS MECHA<br>قطع غيار أجهزة عيون الكون | 27.05.2021               | 1<br>EA      | 24,375.00                                 | 15.00%                      | 3,290.63                  | 27,665.63                 |

أستلمت الشئ  
محمود أبو جابر  
٢٠٢٠/٥/٢٧



TWENTY-FIVE THOUSAND TWO HUNDRED  
TWENTY-THREE AND 13/100 SAUDI RIYAL  
ONLY

Total  
Quantity  
الكمية: 1

Total SAR/المجموع غير شامل الضريبة: 24,375.00  
Discount 10,000: 2,475.00  
VAT SAR/ضريبة القيمة المضافة: 3,290.63  
Net Amount/المجموع: 25,128.13

Head Office: Jeddah

P.O. Box 2671 Jeddah 21481 - KSA  
Tel: +966-12-600 1148 / 066 5708  
Fax: +966-12-600 1146

Riyadh Branch:

P.O. Box 66177, Riyadh 11534, KSA  
Tel: +966-11-480 0407  
Fax: +966-11-480 3034

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Tel: +966-13-864 2911 / 864 2587  
Fax: +966-13-869 4033

Al-Madina Branch:

P.O. Box 2870 Madina - KSA  
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Fax: +966-14-815 4742

Abha Branch:

Al-Rah Center - Khafayy - Abha - KSA  
Tel: +966-17-228 8790  
Fax: +966-17-228 8791

Hail Branch:

Hail - KSA

Qassim Branch:

Qassim - KSA

Tel: +966-15-558 5040 Fax: +966-15-558 5040



Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70026618 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800703714 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: EHJ-47 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010692 Invoice Date/تاريخ الفاتورة: 27.05.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البيان | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف                                              | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|---------------|---------------------|----------------------------------------------------------------------------|---------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|               | 1000024052          | ,ALCO 210-1022-501E ASSY<br>FLUIDICS MECHA<br>قطع غيار أجهزة عيون<br>الكون | 27.05.2021                | 1<br>EA       | 24,375.00                                           | 15.00%                             | 3,290.63                      | 27,665.63                     |

TWENTY-FIVE THOUSAND TWO HUNDRED Total 1 Total SAR/شامل الضريبة: 24,375.00  
TWENTY-EIGHT AND 13/100 SAUDI RIYAL Quantity Discount 10.00%: 2,437.50  
ONLY الكمية: VAT SAR/القيمة المضافة: 3,290.63  
Net Amount/المجموع: 25,228.13

Technical Dept.  
Tel. 02-4801149  
Fax. 02-4801149  
Ed. 2304  
General Manager

Jaer : Yousif Khogaly

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax: +966-11- 480 3034

Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax: +966-13-899 4033

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Fax: +966-14-815 4742

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Fax: +966-17-228 8791

Hail Branch : Hail - KSA  
Tel. : +966-16-558-6266  
Fax: +966-16-558-5080

Qassim Branch : Qassim - Buraidah - KSA  
Tel. : +966-16-326-311  
Fax: +966-16-326-711

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

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SHIPPED TO/المستلمة: 100315

JED

AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

AMICO VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70026618 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800703714 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: EHJ-47 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010692 Invoice Date/تاريخ الفاتورة: 27.05.2021

# TAX INVOICE

## فاتورة ضريبية

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج                                             | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الضريبة<br>المضافة<br>الفردية | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|----------------------|----------------------------------------------------------------------------|---------------------------|---------------|-------------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 1000024052           | ,ALCO 210-1022-501E ASSY<br>FLUIDICS MECHA<br>قطع غيار أجهزة عيون<br>الكون | 27.05.2021                | 1<br>EA       | 24,375.00                                                   | 15.00%                             | 3,290.63                      | 27,665.63                     |

TWENTY-FIVE THOUSAND TWO HUNDRED Total 1 Total SAR/المجموع غير شامل الضريبة: 24,375.00  
TWENTY-EIGHT AND 13/100 SAUDI RIYAL Quantity Discount 10.00%: 2,437.50  
ONLY الكمية: VAT SAR/ضريبة القيمة المضافة: 3,290.63  
Net Amount/المجموع: 25,228.13

User : Youaif Khogaly

General Manager

Head Office: Jeddah : Riyadh Branch : Al-Khobar Branch : Al-Madina Branch : Abha Branch : Hail Branch : Qassim Branch :  
P.O.Box 3871 Jeddah 21481 - KSA P.O.Box 55177, Riyadh 11534, KSA P.O.Box 30047, Al Khobar 31952 - KSA P.O.Box 2870 Madina - KSA Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA Qassim - Buraidah - KSA  
Tel.: +966-12-660 1149 / 665 5766 Tel.: +966-11-480 0407 Tel.: +966-13-864 2911 / 864 3587 Tel.: +966-14-815 4244 / 815 2529 Tel.: +966-17-228 8790 Tel.: +966-16-558-6266 Tel.: +966-16-326-311  
Fax: +966-12-660 1146 Fax: +966-11-480 3034 Fax: +966-13-899 4033 Fax: +966-14-815 4742 Fax: +966-17-228 8791 Fax: +966-16-558-5080 Fax: +966-16-326-711  
KINGDOM WIDE 920028289

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Al Amin Medical Instruments Co. Ltd.BILLED TO/الفاخرة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
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JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

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JED

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AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIAAmico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70026618 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800703714 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: EHJ-47 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1000010692 Invoice Date/تاريخ الفاتورة: 27.05.2021

## TAX INVOICE

## فاتورة ضريبية

| Item ID<br>رقم التصنيف | Item Description<br>وصف المنتج                                         | Del Date<br>تاريخ التوريد | Qty<br>الكمية | UPrice w/o VAT<br>السعر<br>الفردي دون الضريبة | VAT%<br>الضريبة<br>المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|------------------------|------------------------------------------------------------------------|---------------------------|---------------|-----------------------------------------------|----------------------------|----------------------------|----------------------------|
| 1000024052             | ALCO 210-1022-501E ASSY<br>FLUIDICS MECHA<br>قطع غيار أجهزة عيون الكون | 27.05.2021                | 1<br>EA       | 24,375.00                                     | 15.00%                     | 3,290.63                   | 27,665.63                  |

TWENTY-FIVE THOUSAND TWO HUNDRED Total 24,375.00  
TWENTY EIGHT AND 13/100 SAUDI RIYAL Quantity Discount 10.00%: 2,437.50  
ONLY الكمية VAT SAR/القيمة المضافة: 3,290.63  
Net Amount/المجموع: 25,228.13

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146  
Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA Tel.: +966-11- 480 0407 Fax.: +966-11-480 3034  
Al-Khobar Branch : P.O. Box 30047, Al Khobar 31952 - KSA Tel.: +966-13-864 2911 / 864 3587 Fax.: +966-13-899 4033  
Al-Madina Branch : P.O. Box 2870 Madina - KSA Tel.: +966-14-815 4244 / 815 2529 Fax.: +966-14-815 4742  
Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA Tel.: +966-17-228 8790 Fax.: +966-17-228 8791  
Hail Branch : Hail - KSA Tel.: +966-16-558-6266 Fax.: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KSA Tel.: +966-16-326-311 Fax.: +966-16-326-711

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

ZMMI

SHIPPED TO/المشاة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 1002314615100003  
Acc. No./رقم طلب البيع: 70026618 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 000700714 Payment terms/شروط الدفع: Payable within 90 Days  
PO No./رقم طلب الشراء: EHS 47 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1050010092 Invoice Date/تاريخ الفاتورة:

# TAX INVOICE

# فاتورة ضريبية

| QTY                       | UPrice w/o VAT | VAT5           | VAT Amount   | Total with VAT |
|---------------------------|----------------|----------------|--------------|----------------|
| الكمية                    | السعر          | القيمة المضافة | قيمة الضريبة | الاجمالي       |
| 1                         | 24,375.00      | 15.00%         | 3,290.63     | 27,665.63      |
| ALCO 210-1022-501E ASSY   |                |                |              |                |
| FLUIDICS MECHA            |                |                |              |                |
| قطع غيار أجهزة عيون الكون |                |                |              |                |

|                                   |          |   |                                  |           |
|-----------------------------------|----------|---|----------------------------------|-----------|
| NETT - 115 THOUSAND TWO HUNDRED   | Total    | 1 | المبلغ غير شامل الضريبة VAT/شامل | 24,375.00 |
| NETT EIGHT AND 13 100 SAUDI RITAL | Quantity |   | Discount 10.00%                  | 2,437.50  |
|                                   | الكمية   |   | VAT 5% القيمة المضافة            | 3,290.63  |
|                                   |          |   | Net Amount/المجموع               | 25,228.13 |

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289  
Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11- 480 0407 Fax: +966-11- 480 3034  
Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA Tel. : +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
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Hail Branch : Hail - KSA Tel. : +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KS Tel. : +966-16-326-31 Fax: +966-16-326-71  
E-Mail : ksa@amicogroup.com www.amicogroup.com





SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاكتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

ZMM1

SHIPPED TO/المشاة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

JED1

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم طلب البيع: 70026616 Billing Acct. No./رقم الحساب: 70026616  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/الشخص الاتصال: Invoice Date/تاريخ الفاتورة: 27.05.2021

## TAX INVOICE

## فاتورة ضريبية

| Def   | SKU ID     | Item Description                                                           | Del Date      | QTY    | UPrice w/o VAT | VAT%    | VAT Amount   | Total with VAT |
|-------|------------|----------------------------------------------------------------------------|---------------|--------|----------------|---------|--------------|----------------|
| العدد | رقم المنتج | وصف المنتج                                                                 | تاريخ التوريد | الكمية | السعر          | الضريبة | قيمة الضريبة | الاجمالي       |
|       | 1000024052 | ALCO 210-1022-501E ASSY<br>FLUIDICS MECHA<br>قطع غيار/اجهزة عيون<br>السكون | 27.05.2021    | 1      | 24,375.00      | 15.00%  | 3,290.63     | 27,665.63      |

|           |           |
|-----------|-----------|
| NET TOTAL | 27,665.63 |
| VAT 15%   | 4,149.84  |
| NET TOTAL | 31,815.47 |

General Manager

| Branch           | Address                                  | Phone                              | Fax                     |
|------------------|------------------------------------------|------------------------------------|-------------------------|
| Riyadh Branch    | P. O. Box 55177, Riyadh 11534, KSA       | Tel. : +966-11-480 0407            | Fax. : +966-11-480 3034 |
| Al-Khobar Branch | P. O. Box 30047, Al Khobar 31952 - KSA   | Tel. : +966-13-864 2911 / 864 3587 | Fax. : +966-13-899 4033 |
| Al-Madina Branch | P. O. Box 2870, Madina - KSA             | Tel. : +966-14-815 4244 / 815 2529 | Fax. : +966-14-815 4742 |
| Abha Branch      | Al Rajhi Center - Khalidiya - Abha - KSA | Tel. : +966-17-228 8790            | Fax. : +966-17-228 8791 |
| Hail Branch      | Hail - KSA                               | Tel. : +966-16-558-6266            | Fax. : +966-16-558-5080 |
| Qassim Branch    | Qassim - Buraidah - KSA                  | Tel. : +966-16-326-31              | Fax. : +966-16-326-71   |



BILLING TO/إلى: 110225  
AL RAJAL AL ARABI STH BAHIGH, JEDDAH  
المستشفى العربي للقلب - جدة  
P.O. BOX 92077  
JEDDAH 21400  
SAUDI ARABIA  
SHIPPED TO/إلى: 103103

Page 1 of 1

PAID

PAID

SHIPPED BY/بواسطة: (103103)  
مستشفى القلب - جدة (إحداثيات)  
P.O. BOX 92077  
JEDDAH 21400  
SAUDI ARABIA

Customer VAT No./رقم الضريبة: 3002313615  
Billing No./رقم الفاتورة: 00000000000000000000  
Payment Term/شروط الدفع: 30 Days  
Contact Person/الشخص للاتصال: (0533333333)  
Customer VAT No./رقم الضريبة: 3002313615  
Billing No./رقم الفاتورة: 00000000000000000000  
Payment Term/شروط الدفع: 30 Days  
Contact Person/الشخص للاتصال: (0533333333)

**TAX INVOICE**

**فاتورة ضريبية**

| Item No./رقم البند | Item Description/وصف البند | Unit/وحدة | Qty/كمية | UP Price w/ VAT/السعر مع الضريبة | VAT/الضريبة | VAT Amount/مبلغ الضريبة | Total w/ VAT/الإجمالي مع الضريبة |
|--------------------|----------------------------|-----------|----------|----------------------------------|-------------|-------------------------|----------------------------------|
| 0000001743         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001744         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001745         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001746         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001747         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001748         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001749         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001750         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001751         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001752         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001753         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001754         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001755         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001756         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001757         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001758         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001759         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |
| 0000001760         | KIDN-7400 LABOR CONTRACT   | EA        | 1        | 8,362.84                         | 15.00%      | 1254.43                 | 9,617.27                         |



Handwritten signature and date 1438/10/13.





SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 1 of 1

SAID

SHIPPED TO/المستلمة: 101103

JEDDAH EYE HOSPITAL (JED)

مستشفى العيون - جدة (عدسات زرع)

P.O.BOX#13312

JEDDAH 21485

SAUDI ARABIA

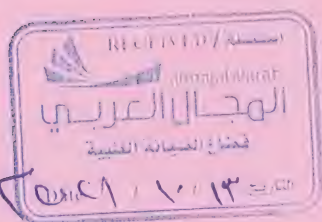
JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
 SO No./رقم طلب البيع: 40002729 Billing Acct. No./رقم الحساب:  
 Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
 PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
 Invoice No./رقم الفاتورة: 1090010533 Invoice Date/تاريخ الفاتورة: 03.05.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref         | SKU ID     | Item Description      | Del Date      | QTY    | UPrice w/c VAT | VAT%    | VAT Amount   | Total with VAT |
|-------------|------------|-----------------------|---------------|--------|----------------|---------|--------------|----------------|
| الترتيب     | رقم المنتج | وصف المنتج            | تاريخ التوريد | الكمية | السعر          | الضريبة | قيمة الضريبة | الإجمالي       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 8000000842  |            | NIDK ARK-SERIES LABOR |               | 1      | 3,272.73       | 5.00%   | 163.64       | 3,436.37       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 80000003707 |            | FRASTEMA UNIT LABOR   |               | 1      | 4,363.64       | 5.00%   | 218.18       | 4,581.82       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 80000003707 |            | FRASTEMA UNIT LABOR   |               | 1      | 4,363.64       | 5.00%   | 218.18       | 4,581.82       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |
| 80000003707 |            | FRASTEMA UNIT LABOR   |               | 1      | 4,363.64       | 5.00%   | 218.18       | 4,581.82       |
|             |            | CONTRACT              |               | EA     |                |         |              |                |



## Head Office Jeddah :

P. O. Box 3871 Jeddah 21481 - KSA  
 Tel. : 966-12-660 1149 / 665 5766  
 Fax. : 966-12-660 1146

## Riyadh Branch :

P. O. Box 55177 Riyadh 11534 - KSA  
 Tel. : 966-11-480 0407  
 Fax. : 966-11-480 3034

## Al-Khobar Branch :

P. O. Box 30047 Al-Khobar 31952 - KSA  
 Tel. : 966-13-864 2911 / 864 3587  
 Fax. : 966-13-899 4033

## Al-Madina Branch :

P. O. Box 2870 Madina - KSA  
 Tel. : 966-14-815 4244 / 815 2529  
 Fax. : 966-14-815 4742

## Abha Branch :

Al Rajhi Center, Khalidiya, Abha, KSA  
 Tel. : 966-17-228 8790  
 Fax. : 966-17-228 8791

E-Mail : ksa@amicogroup.com www.amicogroup.com





SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المشاة المستلمة: 101103

JEDDAH EYE HOSPITAL (IOE)  
مستشفى العيون - جدة (عدسات زرع)  
P.O.BOX#13312  
JEDDAH 21485  
SAUDI ARABIA

JED

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 40002729 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010533 Invoice Date/تاريخ الفاتورة: 03.05.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref    | SKU ID     | Item Description             | Del Date      | QTY    | UP Price w/o VAT | VAT %        | VAT Amount   | Total with VAT |
|--------|------------|------------------------------|---------------|--------|------------------|--------------|--------------|----------------|
| المرجع | رقم المنتج | وصف المنتج                   | تاريخ التوريد | الكمية | السعر            | نسبة الضريبة | قيمة الضريبة | الإجمالي       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |
|        | 8000003707 | FRASTEMA UNIT LABOR CONTRACT |               | 1      | 4,363.64         | 5.00%        | 218.18       | 4,581.82       |



Head Office Jeddah : P. O. Box 3871 Jeddah 21481 - KSA Tel. : 966-12-660 1149 / 665 5766 Fax. : 966-12-660 1146

Riyadh Branch : P. O. Box 55177 Riyadh 11534 - KSA Tel. : 966-11-480 0407 Fax. : 966-11-480 3034

Al-Khobar Branch : P. O. Box 30047 Al-Khobar 31952 - KSA Tel. : 966-13-864 2911 / 864 3587 Fax. : 966-13-899 4033

Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : 966-14-815 4244 / 815 2529 Fax. : 966-14-815 4742

Abha Branch : Al Rajhi Center, Khalidiya, Abha, KS Tel. : 966-17-228 8790 Fax. : 966-17-228 8791

E-Mail : ksa@amicogroup.com www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

SAUDI ARABIA

SHIPPED TO/المستلمة: 101103

HEIMAN EYE HOSPITAL (JOL)

مستشفى العيون - جدة (عدسات زرع)

P.O.BOX#13312

JEDDAH 21485

SAUDI ARABIA

ZALD

JED

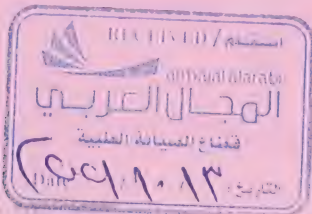
Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 40002729 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010533 Invoice Date/تاريخ الفاتورة: 03.01.2021

## TAX INVOICE

## فاتورة ضريبية

| SKU TO<br>رقم المنتج | Item Description<br>وصف الصنف | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPPRICE w/c<br>VAT<br>القيمة المضافة | VAT%<br>الضريبة | VAT Amount<br>قيمة الضريبة | Total with<br>VAT<br>الاجمالي |
|----------------------|-------------------------------|---------------------------|---------------|--------------------------------------|-----------------|----------------------------|-------------------------------|
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000003707           | FRASTEMA UNIT LABOR           |                           | 1             | 4,363.64                             | 5.00%           | 218.18                     | 4,581.82                      |
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000003707           | FRASTEMA UNIT LABOR           |                           | 1             | 4,363.64                             | 5.00%           | 218.18                     | 4,581.82                      |
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000003707           | FRASTEMA UNIT LABOR           |                           | 1             | 4,363.64                             | 5.00%           | 218.18                     | 4,581.82                      |
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000003707           | FRASTEMA UNIT LABOR           |                           | 1             | 4,363.64                             | 5.00%           | 218.18                     | 4,581.82                      |
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000003707           | FRASTEMA UNIT LABOR           |                           | 1             | 4,363.64                             | 5.00%           | 218.18                     | 4,581.82                      |
|                      | CONTRACT                      |                           | EA            |                                      |                 |                            |                               |
| 8000000668           | ALCON INFINITI Labor          |                           | 1             | 8,363.59                             | 5.00%           | 418.18                     | 8,781.77                      |
|                      | Contract                      |                           | EA            |                                      |                 |                            |                               |
| 8000000668           | ALCON INFINITI Labor          |                           | 1             | 8,363.59                             | 5.00%           | 418.18                     | 8,781.77                      |
|                      | Contract                      |                           | EA            |                                      |                 |                            |                               |
| 8000002166           | MORI- Labor CONTRACT          |                           | 1             | 9,818.18                             | 5.00%           | 490.93                     | 10,309.11                     |
|                      |                               |                           | EA            |                                      |                 |                            |                               |

TWO HUNDRED TEN THOUSAND SAUDI RIYAL Total 40 Total SAR/المجموع غير شامل الضريبة: 200,000.00  
ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 10,000.00  
الكمية: Net Amount/المجموع: 210,000.00



Handwritten signature and date 03/01/2021.

Handwritten signature and title General Manager.

Head Office Jeddah : P. O. Box 3871 Jeddah 21481 - KSA Tel. : 966-12-660 1149 / 665 5766 Fax. : 966-12-660 1146  
Riyadh Branch : P. O. Box 55177 Riyadh 11534 - KSA Tel. : 966-11-480 0407 Fax. : 966-11-480 3034  
Al-Khobar Branch : P. O. Box 30047 Al-Khobar 31952 - KSA Tel. : 966-13-864 2911 / 864 3587 Fax. : 966-13-899 4033  
Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : 966-14-815 4244 / 815 2529 Fax. : 966-14-815 4742  
Abha Branch : Al Rajhi Center, Khalidiya, Abha, KS Tel. : 966-17-228 8790 Fax. : 966-17-228 8791  
E-Mail : ksa@amicogroup.com www.amicogroup.com





BILLED TO : 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA  
KING FAISAL HOSPITAL  
TAIFشركة الامين للمعدات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.Amico VAT No./ 300466305500003  
Customer VAT No : 3002314615100003  
Your reference : KFHT-3-268-T

Invoice No: 1090010629

Date : 20.05.2021

Pmt term : Within 90 days

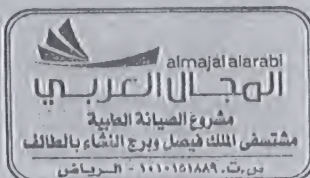
## TAX INVOICE

| No  | Item Code  | Description                       | Qty | Unit Price without VAT | VAT% | VAT Amount  | Total Price with VAT |
|-----|------------|-----------------------------------|-----|------------------------|------|-------------|----------------------|
| 001 | 8000000775 | NIDEK Master Board Exchange Price | 1   | SR 23,800.00           | 0.15 | SR 3,570.00 | SR 27,370.00         |

TWENTY-SEVEN THOUSAND THREE HUNDRED SEVENTY  
SAUDI RIYAL ONLYTotal Amount : SR 23,800.00  
Discount Amount : 0.00  
VAT Amount : 3,570.00  
Net Amount:SR 27,370.00

Received Invoice &amp; Quotation

24/5/21



General Manager

Head Office: Jeddah :  
P.O. Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax : +966-12-660 1148  
INC00M WIDE 920028289Riyadh Branch :  
P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax : +966-11-480 3034Al-Khobar Branch :  
P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-664 2911 / 864 3587  
Fax : +966-13-669 4033Al-Madina Branch :  
P.O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax : +966-14-815 4742Abha Branch :  
Al Rajhi Center - Khaldiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax : +966-16-558-5080Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-18-326-3115  
Fax : +966-18-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



SHIPPED TO/المنشأة المستلمة: 101159  
KING FAISAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

.MAINT. S

JED

Amico VAT No./الضريبي: الرقم: 300465305500003 Customer VAT No./الضريبي للزبون: الرقم: 3002314615100003  
SO No./رقم طلب البيع: 25170640 Billing Acct. No./رقم الحساب: 800701895  
Delivery No./رقم التوريد: 800701895 Payment terms/شروط الدفع: 1090010629  
PO NO./رقم طلب الشراء: KEHT-3-268-T Contact Person/شخص الاتصال: Payable within 90 Days  
Invoice No/الفاخرة: 1090010629 Invoice Date/تاريخ الفاتورة: 20.05.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البن | SKU ID<br>رقم الصنف     | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالى |
|-------------|-------------------------|-------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 8000000727  | NIDK GYC-1000K PS 1 PPM |                               | 20.05.2021                   | 1<br>EA       | 23,800.00                                           | 15.00%                             | 3,570.00                      | 27,370.00                     |

SEVEN THOUSAND THREE HUNDRED  
SAUDI RIYAL ONLY  
Total  
Quantity 1  
الكمية:  
Total SAR/شامل الضريبة 23,800.00  
VAT SAR/المضافة 3,570.00  
Net Amount/المجموع 27,370.00



General Manager

d Arshad

Jeddah 2021 16:00

**Riyadh Branch :**  
P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

**Al-Khobar Branch :**  
P.O. Box 30047, Al Khobar 31952 - KSA  
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Fax. : +966-13-899 4033

**Al-Madina Branch :**  
P.O. Box 2870 Madina - KSA  
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Fax. : +966-14-815 4742

**Abha Branch :**  
Al Rajhi Center - Khalidiya - Abha - KSA  
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Fax. : +966-17-228 8791

**Hail Branch :**  
Hail - KSA  
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**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1

SHIPPED TO/المستلمة: 101159  
KING FAISAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

.MAINT.

JED

AMICO VAT No./الضريبي: 300466305500003  
SO No./البيع: 25170640  
Delivery No./التوريد: 800701895  
PO NO./الشراء: KFHT-3-268-T  
Invoice No/الفاتورة: 1090010629

Customer VAT No./الضريبي للزبون: 3002314615100003  
Billing Acct. No./الحساب: 3002314615100003  
Payment terms/شروط الدفع: 3002314615100003  
Contact Person/شخص الاتصال: 3002314615100003

Payable within 90 Day

20.05.2021

## TAX INVOICE

Invoice Date/تاريخ الفاتورة:

فاتورة ضريبية

| Ref<br>البن | SKU ID<br>رقم الصنف     | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|-------------|-------------------------|-------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 8000000727  | NIDK GYC-1000K PS 1 PPM |                               | 20.05.2021                   | 1<br>EA       | 23,800.00                                           | 15.008                             | 3,570.00                      | 27,370.00                     |

SEVEN THOUSAND THREE HUNDRED  
SAUDI RIYAL ONLY

Total  
Quantity  
الكمية

1

Total SAR/المجموع غير شامل الضريبة: 23,800.00  
VAT SAR/ضريبة القيمة المضافة: 3,570.00  
Net Amount/المجموع: 27,370.00

Jeddah

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Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Jeddah

Riyadh Branch:

P.O. Box 55177, Riyadh 11534, KSA  
Tel.: +966-11-480 0407  
Fax.: +966-11-480 3034

Al-Khobar Branch:

P.O. Box 30047, Al Khobar 31952 - KSA  
Tel.: +966-13-864 2911 / 864 3587  
Fax.: +966-13-899 4033

Al-Madina Branch:

P.O. Box 2870 Madina - KSA  
Tel.: +966-14-815 4244 / 815 2529  
Fax.: +966-14-815 4742

Abha Branch:

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Hail Branch:

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Tel.: +966-16-326-3115  
Fax.: +966-16-326-7115

E-Mail: ksa@amicogroup.com

www.amicogroup.com

General Manager



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة إلى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1

SHIPPED TO/المستلمة إلى: 101159  
KING FAISAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

.MAINT.

JED

AMICO VAT No./الرقم الضريبي: 300466305800003  
SO No./رقم طلب البيع: 25170640  
Delivery No./رقم التوريد: 000701095  
PO No./رقم طلب الشراء: KFHT-3-268-T  
Invoice No./رقم الفاتورة: 1090010629

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب: 3002314615100003  
Payment terms/شروط الدفع: 30 Days  
Contact Person/شخص الاتصال: Payable within 90 Day

Payable within 90 Day  
20.05.2021

## TAX INVOICE

Invoice Date/تاريخ الفاتورة: 20.05.2021  
فاتورة ضريبية

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردي دون<br>الضريبة | VAT8<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|----------------------|--------------------------------|---------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 80000000727          | NIDK GYC-1000K PS 1 PPM        | 20.05.2021                | 1             | 23,800.00                                           | 15.008                             | 3,570.00                      | 27,370.00                     |

SEVEN THOUSAND THREE HUNDRED  
7 SAUDI RIYAL ONLY

Total  
Quantity  
الكمية: 1

Total SAR/المجموع غير شامل الضريبة: 23,800.00  
VAT SAR/ضريبة القيمة المضافة: 3,570.00  
Net Amount/المجموع: 27,370.00

Jeddah: 21481 - KSA  
Tel.: +966-11-480 0407  
Fax.: +966-11-480 3034

## Riyadh Branch:

P. O. Box 55177, Riyadh 11534, KSA  
Tel.: +966-11-480 0407  
Fax.: +966-11-480 3034

## Al-Khobar Branch:

P. O. Box 30047, Al Khobar 31952 - KSA  
Tel.: +966-13-864 2911 / 864 3587  
Fax.: +966-13-899 4033

## Al-Madina Branch:

P. O. Box 2870 Madina - KSA  
Tel.: +966-14-815 4244 / 815 2529  
Fax.: +966-14-815 4742

## Abha Branch:

Al Rajhi Center - Khalidiya - Abha - KSA  
Tel.: +966-17-228 8790  
Fax.: +966-17-228 8791

## Hail Branch:

Hail - KSA  
Tel.: +966-16-558-6266  
Fax.: +966-16-558-5080

## General Manager

## Qassim Branch:

Qassim - Buraiddah - KSA  
Tel.: +966-16-326-3115  
Fax.: +966-16-326-7115

E-Mail: ksa@amicogroup.com

www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى: الفاتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للميانة - جدة  
P.O. BOX 92833  
JEDDAH 21481  
SAUDI ARABIA

SHIPPED TO/المنشأة المستلمة: 101159  
FING FALSAH HOSPITAL  
مستشفى الملك فيصل

TAX  
TAX 21485  
SAUDI ARABIA

VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
رقم طلب البيع: 25100800 Billing Acct. No./رقم الحساب: 000701805  
رقم طلب الشراء: KEHT-3-268-T Payment terms/شروط الدفع:  
رقم الفاتورة: 1000010620 Contact Person/شخص الاتصال:

PAYABLE WITHIN 90 DAYS  
20.05.2021

## TAX INVOICE

Invoice Date/التاريخ الفاتورة  
فاتورة ضريبية

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج | Qty<br>الكمية | Unit Price w/ VAT<br>السعر الضريبي | VAT<br>القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|----------------------|--------------------------------|---------------|------------------------------------|-----------------------|----------------------------|----------------------------|
| 8000000727           | NIDK GYC-1000K PS 1 PPM        | 1             | 23,800.00                          | 15,008                | 3,570.00                   | 27,370.00                  |

SEVEN THOUSAND THREE HUNDRED  
SAUDI RIYAL ONLY

Total Quantity 1  
المجموع غير شامل الضريبة: 23,800.00  
ضريبة القيمة المضافة/VAT SAR: 3,570.00  
المجموع/Net Amount: 27,370.00

Jeddah Branch :  
Jeddah 21481 - KSA  
Tel : +966-11-480 0407  
Fax : +966-11-480 3034  
E 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel : +966-11-480 0407  
Fax : +966-11-480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
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Fax : +966-13-899 4033

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Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com  
www.amicogroup.com



BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21403  
SAUDI ARABIA

SHIPPED TO/المشاة المستلمة: 101159  
FPMC FAISAL HOSPITAL  
مستشفى فيصل  
TAIF  
TAIF 21403  
SAUDI ARABIA

MAINT. SL

Customer VAT No./الرقم الضريبي للزبون: 3004066305500003  
Billing Acct. No./رقم الحساب: 25170640  
Payment terms/شروط الدفع: 500701055  
Contact Person/شخص الاتصال: KEHT-3-268-T  
Invoice No./رقم الفاتورة: 1050010622

Payable \* within 30 days  
0.05.2021

**TAX INVOICE**

Invoice Date/تاريخ الفاتورة:

فاتورة ضريبية

| Item Description<br>وصف المنتج       | Qty<br>الكمية | Unit Price w/ VAT<br>السعر الشرائع | VAT %<br>القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|--------------------------------------|---------------|------------------------------------|-------------------------|----------------------------|----------------------------|
| 80000000727. N10K BYC-1000K PS 1 PPM | 1             | 23,800.00                          | 15.008                  | 3,570.00                   | 27,370.00                  |

SEVEN THOUSAND THREE HUNDRED  
NET SAUDI RIYAL ONLY

Total  
Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 23,800.00  
VAT SAR/القيمة المضافة: 3,570.00  
Net Amount/المجموع: 27,370.00

**General Manager**

**Head Office:** Jeddah : 1 Jeddah 21481 - KSA  
Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

**Riyadh Branch :** P. O. Box 55177, Riyadh 11534, KSA  
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Fax. : +966-14-815 4742

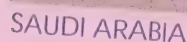
**Abha Branch :** Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

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شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

~~STATIONER - [unclear] [unclear]~~  
SING APRIH KEDD HOSPITAL [unclear]  
~~[unclear] [unclear] [unclear]~~  
[unclear] DRIVER  
ORDERS 2/40  
SAINT MARY'S

## TAX INVOICE

## خاتمة



100-443889-100

**Office Jeddah :**

Office Jeddah :  
Box 3871 Jeddah 21481 - KSA  
966-12-660 1149 / 665 5766  
966-12-660 1146

Riyadh Branch :

**Riyadh Branch :**  
P. O. Box 55177 Riyadh 11534 - KSA  
Tel. : 966-11-480 0407  
Fax. : 966-11-480 3034

Al-Khobar Branch :

P. O. Box 30047 Al-Khobar 31952 - KSA  
Tel. : 966-13-864 2911 / 864 3587  
Fax. : 966-13-899 4033

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)

[www.amicogroup.com](http://www.amicogroup.com)

Al-Madina Branch :

P. O. Box 2870 Madina - KSA  
Tel. : 966-14-815 4244 / 815 2529  
Fax. : 966-14-815 4742

Abha Branch :

Al Rajhi Center, Khalidiya, Abha, KSA  
Tel. : 966-17-228 8790  
Fax. : 966-17-228 8791



SHIPPED TO/المنشأة المستلمة: 101145

KING FAHD GENERAL HOSPITAL  
مستشفى الملك فهد العام  
P.O. BOX 7897  
JEDDAH 21485  
SAUDI ARABIA

ZALD

JED

Amico VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 40002674  
Delivery No./رقم التوريد: Contract 2021  
PO NO./رقم طلب الشراء: Invoice No/رقم الفاتورة: 1090010434

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب: 3002314615100003  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال: Contact Person/شخص الاتصال

Invoice Date/تاريخ الفاتورة: 19.04.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البيان | SKU ID<br>رقم الصنف            | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|---------------|--------------------------------|-------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 8000007527    | AMIC WSH-DRM-CONTRACT Labor    |                               | 1                            | EA            | 12,500.00                                           | 5.00%                              | 625.00                        | 13,125.00                     |
| 8000007527    | AMIC WSH-DRM-CONTRACT Labor    |                               | 1                            | EA            | 10,000.00                                           | 5.00%                              | 500.00                        | 10,500.00                     |
| 8000007527    | AMIC WSH-DRM-CONTRACT Labor    |                               | 1                            | EA            | 10,000.00                                           | 5.00%                              | 500.00                        | 10,500.00                     |
| 8000007975    | GSI Tymphstar Labor Contract   |                               | 1                            | EA            | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975    | GSI Tymphstar Labor Contract   |                               | 1                            | EA            | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975    | GSI Tymphstar Labor Contract   |                               | 1                            | EA            | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975    | GSI Tymphstar Labor Contract   |                               | 1                            | EA            | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |
| 8000007975    | GSI Tymphstar Labor Contract   |                               | 1                            | EA            | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |
| 8000007968    | Natus Navigator Labor Contract |                               | 1                            | EA            | 5,000.00                                            | 5.00%                              | 250.00                        | 5,250.00                      |
| 8000007968    | Natus Navigator Labor Contract |                               | 1                            | EA            | 5,000.00                                            | 5.00%                              | 250.00                        | 5,250.00                      |
| 8000007968    | Natus Navigator Labor          |                               | 1                            | EA            | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |

Office: Jeddah :  
3871 Jeddah 21481 - KSA  
Tel. : +966-11-480 5766  
Fax. : +966-11-480 3034  
M WIDE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

Al-Khobar Branch :  
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Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax. : +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.BILLED TO/الفاتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

ZALD

JED

SHIPPED TO/المنشأة المستلمة: 101145

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

Amico VAT No./الضريبي: 300466305500003

SO No./رقم طلب البيع: 40002674

Delivery No./رقم التوريد:

PO NO./رقم طلب الشراء: Contract 2021

Invoice No/رقم الفاتورة: 1090010434

Customer VAT No./الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة:

19.04.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>البن<br>مستوية | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف  | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|-----------------------|---------------------|--------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                       | 8000007527          | AMIC WSH-DRM-CONTRACT Labor    |                              | 1             | 12,500.00                                           | 5.00%                              | 625.00                        | 13,125.00                     |
|                       | 8000007527          | AMIC WSH-DRM-CONTRACT Labor    |                              | 1             | 10,000.00                                           | 5.00%                              | 500.00                        | 10,500.00                     |
|                       | 8000007527          | AMIC WSH-DRM-CONTRACT Labor    |                              | 1             | 10,000.00                                           | 5.00%                              | 500.00                        | 10,500.00                     |
|                       | 8000007975          | GSI Tympstar Labor Contract    |                              | 1             | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
|                       | 8000007975          | GSI Tympstar Labor Contract    |                              | 1             | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
|                       | 8000007975          | GSI Tympstar Labor Contract    |                              | 1             | 2,500.00                                            | 5.00%                              | 125.00                        | 2,625.00                      |
|                       | 8000007975          | GSI Tympstar Labor Contract    |                              | 1             | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |
|                       | 8000007975          | GSI Tympstar Labor Contract    |                              | 1             | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |
|                       | 8000007968          | Natus Navigator Labor Contract |                              | 1             | 5,000.00                                            | 5.00%                              | 250.00                        | 5,250.00                      |
|                       | 8000007968          | Natus Navigator Labor Contract |                              | 1             | 5,000.00                                            | 5.00%                              | 250.00                        | 5,250.00                      |
|                       | 8000007968          | Natus Navigator Labor          |                              | 1             | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |

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Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

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Qassim Branch : Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

SHIPPED TO/المستلمة: 101145

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

ZALD

JED

Amico VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 40002674  
Delivery No./رقم التوريد: 1090010434  
PO NO./رقم طلب الشراء: Contract 2021  
Invoice No/رقم الفاتورة: 1090010434

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 19.04.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>الترتيب | SKU ID<br>رقم الصنف            | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>المضاف<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|----------------|--------------------------------|-------------------------------|------------------------------|---------------|-------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 8000007527     | AMIC WSH-DRM-CONTRACT Labor    |                               |                              | 1             | 12,500.00                                       | 5.00%                              | 625.00                        | 13,125.00                     |
| 8000007527     | AMIC WSH-DRM-CONTRACT Labor    |                               |                              | 1             | 10,000.00                                       | 5.00%                              | 500.00                        | 10,500.00                     |
| 8000007527     | AMIC WSH-DRM-CONTRACT Labor    |                               |                              | 1             | 10,000.00                                       | 5.00%                              | 500.00                        | 10,500.00                     |
| 8000007975     | GSI Tympstar Labor Contract    |                               |                              | 1             | 2,500.00                                        | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975     | GSI Tympstar Labor Contract    |                               |                              | 1             | 2,500.00                                        | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975     | GSI Tympstar Labor Contract    |                               |                              | 1             | 2,500.00                                        | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000007975     | GSI Tympstar Labor Contract    |                               |                              | 1             | 3,750.00                                        | 5.00%                              | 187.50                        | 3,937.50                      |
| 8000007975     | GSI Tympstar Labor Contract    |                               |                              | 1             | 3,750.00                                        | 5.00%                              | 187.50                        | 3,937.50                      |
| 8000007968     | Natus Navigator Labor Contract |                               |                              | 1             | 5,000.00                                        | 5.00%                              | 250.00                        | 5,250.00                      |
| 8000007968     | Natus Navigator Labor Contract |                               |                              | 1             | 5,000.00                                        | 5.00%                              | 250.00                        | 5,250.00                      |
| 8000007968     | Natus Navigator Labor          |                               |                              | 1             | 3,750.00                                        | 5.00%                              | 187.50                        | 3,937.50                      |

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Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax. : +966-12-660 1146  
DOM WIDE 920028289

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AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

UNITED TO/المشاة المستلمة: 101145  
AL RAJAL AL ARABI FOR HAHIT. JEDDAH  
المجال العربي للسياحة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

SHIPPED TO/المشاة المستلمة: 101145

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

SAUD

JED

Amico VAT No./الرقم الضريبي: 3004661088000003  
SO No./رقم طلب البيع: 40002674  
Delivery No./رقم التوريد: 1090010434  
PO NO./رقم طلب الشراء: Contract 2021  
Invoice No./رقم الفاتورة: 1090010434

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة:

19.04.2021

TAX INVOICE

فاتورة ضريبية

| Item Description<br>وصف البند  | Qty<br>الكمية | Unit Price<br>السعر | VAT %<br>الضريبة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|--------------------------------|---------------|---------------------|------------------|----------------------------|----------------------------|
| AMIC WSH-DRM-CONTRACT Labor    | 1             | 12,500.00           | 5.00%            | 625.00                     | 13,125.00                  |
| AMIC WSH-DRM-CONTRACT Labor    | 1             | 10,000.00           | 5.00%            | 500.00                     | 10,500.00                  |
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| GSI Tympstar Labor Contract    | 1             | 2,500.00            | 5.00%            | 125.00                     | 2,625.00                   |
| GSI Tympstar Labor Contract    | 1             | 3,750.00            | 5.00%            | 187.50                     | 3,937.50                   |
| GSI Tympstar Labor Contract    | 1             | 3,750.00            | 5.00%            | 187.50                     | 3,937.50                   |
| Natus Navigator Labor Contract | 1             | 5,000.00            | 5.00%            | 250.00                     | 5,250.00                   |
| Natus Navigator Labor Contract | 1             | 5,000.00            | 5.00%            | 250.00                     | 5,250.00                   |
| Natus Navigator Labor Contract | 1             | 3,750.00            | 5.00%            | 187.50                     | 3,937.50                   |

Head Office: Jeddah :  
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Tel. : +966-12-660 1149 / 665 5766  
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SDOM WIDE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax: +966-11- 480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax: +966-13-899 4033

Al-Madina Branch :  
P. O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax: +966-14-815 4742

Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax: +966-17-228 8791

Hail Branch :  
Hail - KSA  
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Fax: +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 40002674 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: Contract 2021 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010434 Invoice Date/تاريخ الفاتورة: 19.04.2021

**TAX INVOICE**

**فاتورة ضريبية**

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/o VAT<br>السعر<br>بدون الضريبة | VAT%<br>الضريبة<br>5.00% | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|----------------------|--------------------------------|---------------------------|---------------|-----------------------------------------|--------------------------|----------------------------|----------------------------|
| 8000007527           | AMIC WSH-DRM-CONTRACT Labor    |                           | 1<br>EA       | 12,500.00                               | 5.00%                    | 625.00                     | 13,125.00                  |
| 8000007527           | AMIC WSH-DRM-CONTRACT Labor    |                           | 1<br>EA       | 10,000.00                               | 5.00%                    | 500.00                     | 10,500.00                  |
| 8000007527           | AMIC WSH-DRM-CONTRACT Labor    |                           | 1<br>EA       | 10,000.00                               | 5.00%                    | 500.00                     | 10,500.00                  |
| 8000007575           | GSI Tympstar Labor Contract    |                           | 1<br>EA       | 2,500.00                                | 5.00%                    | 125.00                     | 2,625.00                   |
| 8000007975           | GSI Tympstar Labor Contract    |                           | 1<br>EA       | 2,500.00                                | 5.00%                    | 125.00                     | 2,625.00                   |
| 8000007975           | GSI Tympstar Labor Contract    |                           | 1<br>EA       | 2,500.00                                | 5.00%                    | 125.00                     | 2,625.00                   |
| 8000007975           | GSI Tympstar Labor Contract    |                           | 1<br>EA       | 3,750.00                                | 5.00%                    | 187.50                     | 3,937.50                   |
| 8000007975           | GSI Tympstar Labor Contract    |                           | 1<br>EA       | 3,750.00                                | 5.00%                    | 187.50                     | 3,937.50                   |
| 8000007960           | Natus Navigator Labor Contract |                           | 1<br>EA       | 5,000.00                                | 5.00%                    | 250.00                     | 5,250.00                   |
| 8000007968           | Natus Navigator Labor Contract |                           | 1<br>EA       | 5,000.00                                | 5.00%                    | 250.00                     | 5,250.00                   |
| 8000007960           | Natus Navigator Labor          |                           | 1             | 3,750.00                                | 5.00%                    | 187.50                     | 3,937.50                   |





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاطورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

ZALD

SHIPPED TO/المنشأة المستلمة: 101145

JED

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

Amico VAT No./الضريبي: 300466305500003  
SO No./رقم طلب البيع: 40002674  
Delivery No./رقم التوريد: Contract 2021  
PO NO./رقم طلب الشراء: 1090010434  
Invoice No./رقم الفاتورة: 1090010434

Customer VAT No./الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب: Payable within 90 Days  
Payment terms/شروط الدفع: 19.04.2021  
Contact Person/شخص الاتصال: Invoice Date/تاريخ الفاتورة:

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>البن<br>مستوردة | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف       | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|------------------------|---------------------|-------------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                        |                     | Contract                            |                              | EA            |                                                     |                                    |                               |                               |
|                        | 8000007968          | Natus Navigator Labor Contract      |                              | 1             | 3,750.00                                            | 5.00%                              | 187.50                        | 3,937.50                      |
|                        |                     | Contract                            |                              | EA            |                                                     |                                    |                               |                               |
|                        | 8000003252          | MDTN Navigation Syst Labor Contract |                              | 1             | 10,000.00                                           | 5.00%                              | 500.00                        | 10,500.00                     |
|                        |                     | Contract                            |                              | EA            |                                                     |                                    |                               |                               |
|                        | 8000003252          | MDTN Navigation Syst Labor Contract |                              | 1             | 12,500.00                                           | 5.00%                              | 625.00                        | 13,125.00                     |
|                        |                     | Contract                            |                              | EA            |                                                     |                                    |                               |                               |
|                        | 8000003252          | MDTN Navigation Syst Labor Contract |                              | 1             | 28,000.00                                           | 5.00%                              | 1,400.00                      | 29,400.00                     |
|                        |                     | Contract                            |                              | EA            |                                                     |                                    |                               |                               |

ONE HUNDRED TWENTY-ONE THOUSAND TWO Total 15  
HUNDRED SEVENTY-FIVE SAUDI RIYAL ONLYQuantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 115,500.00  
VAT SAR/ضريبة القيمة المضافة: 5,775.00  
Net Amount/المجموع: 121,275.00



Prepared by: Ismail ayyakaramen

Head Office: Jeddah:

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Kingdom Wide 920028289

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E-Mail: ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

ZALD

SHIPPED TO/المستلمة: 101145

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

JED

Amico VAT No./الضريبي: 300466305500003  
SO No./رقم طلب البيع: 40002674  
Delivery No./رقم التوريد: Contract 2021  
PO NO./رقم طلب الشراء: 1090010434  
Invoice No/رقم الفاتورة: 1090010434

Customer VAT No./الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 19.04.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref    | SKU ID     | Item Description                    | Del Date      | QTY    | UPrice w/c VAT           | VAT%                 | VAT Amount   | Total with VAT |
|--------|------------|-------------------------------------|---------------|--------|--------------------------|----------------------|--------------|----------------|
| البيان | رقم الصنف  | وصف الصنف                           | تاريخ التوريد | الكمية | السعر الفردي دون الضريبة | ضريبة القيمة المضافة | قيمة الضريبة | الاجمالي       |
|        |            | Contract                            |               | EA     |                          |                      |              |                |
|        | 8000007968 | Natus Navigator Labor Contract      |               | 1      | 3,750.00                 | 5.00%                | 187.50       | 3,937.50       |
|        | 8000003252 | MDTN Navigation Syst Labor Contract |               | 1      | 10,000.00                | 5.00%                | 500.00       | 10,500.00      |
|        | 8000003252 | MDTN Navigation Syst Labor Contract |               | 1      | 12,500.00                | 5.00%                | 625.00       | 13,125.00      |
|        | 8000003252 | MDTN Navigation Syst Labor Contract |               | 1      | 28,000.00                | 5.00%                | 1,400.00     | 29,400.00      |

ONE HUNDRED TWENTY-ONE THOUSAND TWO  
HUNDRED SEVENTY-FIVE SAUDI RIYAL ONLY  
Total Quantity  
الكمية:

15

Total SAR/المجموع غير شامل الضريبة: 115,500.00  
VAT SAR/ضريبة القيمة المضافة: 5,775.00  
Net Amount/المجموع: 121,275.00

Signature: Imail ayyokaramen

ad Office: Jeddah:

Box 3871 Jeddah 21481 - KSA  
+966-12-660 1149 / 665 5766  
+966-12-660 1146

Riyadh Branch:

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Tel.: +966-11-480 0407  
Fax.: +966-11-480 3034

Al-Khobar Branch:

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Fax.: +966-14-815 4742

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Fax.: +966-17-228 8791

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Hail - KSA  
Tel.: +966-16-558-6266  
Fax.: +966-16-558-5080

Qassim Branch:

Qassim - Buraidah - KSA  
Tel.: +966-16-326-3115  
Fax.: +966-16-326-7115

General Manager

E-Mail: ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاكتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

ZALD

SHIPPED TO/المشاة المستلمة: 101145  
KING FAHD GENERAL HOSPITAL  
مستشفى الملك فهد العام  
P.O. BOX 7897  
JEDDAH 21485  
SAUDI ARABIA

JED

Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 40002674 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: Contract 2021 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010434 Invoice Date/تاريخ الفاتورة: 19.04.2021

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>البن | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفرادي دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|-------------|---------------------|-------------------------------|------------------------------|---------------|------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|             |                     | Contract                      |                              | EA            |                                                      |                                    |                               |                               |
|             | 8000007968          | Natus Navigator Labor         |                              | 1             | 3,750.00                                             | 5.00%                              | 187.50                        | 3,937.50                      |
|             |                     | Contract                      |                              | EA            |                                                      |                                    |                               |                               |
|             | 8000003252          | MDTN Navigation Syst          |                              | 1             | 10,000.00                                            | 5.00%                              | 500.00                        | 10,500.00                     |
|             |                     | Labor Contract                |                              | EA            |                                                      |                                    |                               |                               |
|             | 8000003252          | MDTN Navigation Syst          |                              | 1             | 12,500.00                                            | 5.00%                              | 625.00                        | 13,125.00                     |
|             |                     | Labor Contract                |                              | EA            |                                                      |                                    |                               |                               |
|             | 8000003252          | MDTN Navigation Syst          |                              | 1             | 28,000.00                                            | 5.00%                              | 1,400.00                      | 29,400.00                     |
|             |                     | Labor Contract                |                              | EA            |                                                      |                                    |                               |                               |

ONE HUNDRED TWENTY-ONE THOUSAND TWO Total 15 Total SAR/المجموع غير شامل الضريبة: 115,500.00  
HUNDRED SEVENTY-FIVE SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 5,775.00  
الكمية: Net Amount/المجموع: 121,275.00

*[Signature]*

General Manager

Header : Email: ayekaramen

Head Office: Jeddah:

P.O.Box 3871 Jeddah 21481 - KSA  
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Qassim - Buraidah - KSA  
Tel.: +966-16-326-3114  
Fax.: +966-16-326-7111

KINGDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

SALD

SHIPPED TO/المنشأة المستلمة: 101145  
KING FAHD GENERAL HOSPITAL  
مستشفى الملك فهد العام  
P.O. BOX 7897  
JEDDAH 21485  
SAUDI ARABIA

JED

Arabic VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
PO No./رقم طلب البيع: 40002674 Billing acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment terms/شروط الدفع: Payable within 90 Days  
PO No./رقم طلب الشراء: Contract 2021 Contact Person/شخص الاتصال:  
Tax Invoice No./رقم الفاتورة: 1000010434 Invoice Date/تاريخ الفاتورة: 19.04.2021

# TAX INVOICE

## فاتورة ضريبية

| SKU ID      | Item Description      | Del Date      | QTY    | UP Price w/o VAT | VAT%    | VAT Amount   | Total with VAT |
|-------------|-----------------------|---------------|--------|------------------|---------|--------------|----------------|
| رقم الصنف   | وصف الصنف             | تاريخ التوريد | الكمية | السعر            | الضريبة | قيمة الضريبة | الإجمالي       |
|             | Contract              |               | EA     |                  |         |              |                |
| 80000007968 | Natus Navigator Labor |               | 1      | 3,750.00         | 5.00%   | 187.50       | 3,937.50       |
|             | Contract              |               | EA     |                  |         |              |                |
| 80000003252 | MDTN Navigation Syst  |               | 1      | 10,000.00        | 5.00%   | 500.00       | 10,500.00      |
|             | Labor Contract        |               | EA     |                  |         |              |                |
| 80000003252 | MDTN Navigation Syst  |               | 1      | 12,500.00        | 5.00%   | 625.00       | 13,125.00      |
|             | Labor Contract        |               | EA     |                  |         |              |                |
| 80000003252 | MDTN Navigation Syst  |               | 1      | 28,000.00        | 5.00%   | 1,400.00     | 29,400.00      |
|             | Labor Contract        |               | EA     |                  |         |              |                |

ONE HUNDRED TWENTY-ONE THOUSAND TWO Total 15 Total SAR/المجموع غير شامل الضريبة: 115,500.00  
HUNDRED SEVENTY-FIVE SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 9,775.00  
الكمية: Net Amount/المجموع: 121,275.00

General Manager

User : Ismail Ayvazov  
Head Office: Jeddah : Riyadh Branch : Al-Khobar Branch : Al-Madina Branch : Abha Branch : Hail Branch : Qassim Branch :  
P.O.Box 3871 Jeddah 21481 - KSA P. O. Box 55177, Riyadh 11534, KSA P. O. Box 30047, Al Khobar 31952 - KSA P. O. Box 2870 Madina - KSA Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA Qassim - Buraidah - KS  
Tel.: +966-12-660 1149 / 665 5766 Tel. : +966-11- 480 0407 Tel. : +966-13-864 2911 / 864 3587 Tel. : +966-14-815 4244 / 815 2529 Tel. : +966-17-228 8790 Tel. : +966-16-558-6266 Tel. : +966-16-326-31  
Fax: +966-12-660 1146 Fax: +966-11- 480 3034 Fax : +966-13-899 4033 Fax : +966-14-815 4742 Fax : +966-17-228 8791 Fax : +966-16-558-5080 Fax : +966-16-326-71  
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AMICO VAT No./الضريبي: 300466308500003 Customer VAT No./الضريبي للزبون: 3002314615100003  
PO No./رقم طلب البيع: 40002674 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: Payment Terms/شروط الدفع: Payable within 90 Days  
PO No./رقم طلب الشراء: Contract 2021 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1000010434 Invoice Date/تاريخ الفاتورة: 10.04.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref<br>البيد | SKU ID<br>رقم المصنف | Item Description<br>وصف المصنف      | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|--------------|----------------------|-------------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|
|              |                      | Contract                            |                           | EA            |                                            |                              |                            |                            |
|              | 60000007968          | Natus Navigator Labor Contract      |                           | 1             | 3,750.00                                   | 5.00%                        | 187.50                     | 3,937.50                   |
|              | 60000003252          | MDTN Navigation Syst Labor Contract |                           | 1             | 10,000.00                                  | 5.00%                        | 500.00                     | 10,500.00                  |
|              | 60000003252          | MDTN Navigation Syst Labor Contract |                           | 1             | 12,500.00                                  | 5.00%                        | 625.00                     | 13,125.00                  |
|              | 60000003252          | MDTN Navigation Syst Labor Contract |                           | 1             | 28,000.00                                  | 5.00%                        | 1,400.00                   | 29,400.00                  |

ONE HUNDRED TWENTY-ONE THOUSAND TWO Total 15 Total SAR/المجموع غير شامل الضريبة: 115,500.00  
HUNDRED SEVENTY FIVE SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 5,775.00  
الكمية: Net Amount/المجموع: 121,275.00

General Manager

User : Ismail Ayyakarswan  
Head Office: Jeddah : Riyadh Branch : Al-Khobar Branch : Al-Madina Branch : Abha Branch : Hail Branch : Qassim Branch :  
P.O.Box 3871 Jeddah 21481 - KSA P. O. Box 55177, Riyadh 11534, KSA P. O. Box 30047, Al Khobar 31952 - KSA P. O. Box 2870 Madina - KSA Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA Qassim - Buraidan - KS/  
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Fax: +966-12-660 1146 Fax: +966-11- 480 3034 Fax : +966-13-899 4033 Fax : +966-14-815 4742 Fax : +966-17-228 8791 Fax : +966-16-558-5080 Fax : +966-16-326-71  
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|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|--------|--------------------------------------------|---------------------------------------|-----------------|-------|
| Hospital / Clinic : <b>KSFGH</b>                                                                                                                                                                                                                            |                  | Telephone :                                              |        | Date : <b>30/5/2021</b>                    |                                       |                 |       |
| Address                                                                                                                                                                                                                                                     |                  | Fax :                                                    |        | <input checked="" type="checkbox"/> PPM    | <input type="checkbox"/> Contract PPM |                 |       |
| P.O. # :                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Installation                    |        | <input type="checkbox"/> Contract Repair   |                                       |                 |       |
| Received thru:                                                                                                                                                                                                                                              |                  | <input type="checkbox"/> Warranty PPM                    |        | <input type="checkbox"/> Site Inspection   |                                       |                 |       |
| SAP Service Call #:                                                                                                                                                                                                                                         |                  | <input type="checkbox"/> Warranty Repair                 |        | <input type="checkbox"/> Demo Installation |                                       |                 |       |
| Contact Person :                                                                                                                                                                                                                                            |                  |                                                          |        | <input type="checkbox"/> Paid Service      |                                       |                 |       |
| Invoice #:                                                                                                                                                                                                                                                  |                  | Delivery                                                 |        |                                            |                                       |                 |       |
| Model : <b>FUSION</b>                                                                                                                                                                                                                                       |                  | Serial # : <b>4500704754</b>                             |        | Description <b>ENT navigation</b>          |                                       |                 |       |
| Problem / Error :                                                                                                                                                                                                                                           |                  |                                                          |        |                                            |                                       |                 |       |
| * PPM is done As per check last system work normal and safe                                                                                                                                                                                                 |                  |                                                          |        |                                            |                                       |                 |       |
| Work Report :                                                                                                                                                                                                                                               |                  |                                                          |        |                                            |                                       |                 |       |
| * No errors from log file                                                                                                                                                                                                                                   |                  |                                                          |        |                                            |                                       |                 |       |
| * check system HW and SW                                                                                                                                                                                                                                    |                  |                                                          |        |                                            |                                       |                 |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                                          |        |                                            |                                       |                 |       |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                                                          |        |                                            | Part #                                | Price           |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
| Warranty Period:                                                                                                                                                                                                                                            |                  |                                                          |        |                                            |                                       |                 |       |
| Invoice #                                                                                                                                                                                                                                                   |                  |                                                          |        |                                            |                                       |                 |       |
| Acceptance Date                                                                                                                                                                                                                                             | 1st PM           |                                                          | 2nd PM |                                            | 3rd PM                                | 4th PM          |       |
| / / 20                                                                                                                                                                                                                                                      | / / 20           |                                                          | / / 20 |                                            | / / 20                                | / / 20          |       |
| Date                                                                                                                                                                                                                                                        | / / 20           |                                                          | / / 20 |                                            | / / 20                                | / / 20          |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
| Travel Time                                                                                                                                                                                                                                                 |                  | Working Time                                             |        |                                            |                                       | Expenses        |       |
| Date                                                                                                                                                                                                                                                        | From             | To                                                       | Total  | Unit                                       | Total                                 | Date            | Total |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                            |                                       |                 |       |
| Total Travel                                                                                                                                                                                                                                                |                  | Total Work                                               |        |                                            |                                       | Total Expenses: |       |
| Work Complete                                                                                                                                                                                                                                               |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Note : Customer Engineer                   |                                       | Date :          |       |
| Need Follow-up                                                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | = initial supplier                         |                                       | Stamp :         |       |
| Enclosed                                                                                                                                                                                                                                                    |                  |                                                          |        |                                            |                                       | Signature :     |       |
| Engineer                                                                                                                                                                                                                                                    |                  |                                                          |        |                                            |                                       |                 |       |

(Hotline 9200 - Amico / 9200-26426) or callcenter@amicogroup.com

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E-Mail : ksa@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



48031/20

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : <u>King Fahad General Hospital</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Telephone :                                              |        | Date : <u>30/5/2021</u>                    |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|--------|--------------------------------------------|---------------------------------------|-------------------------|-------------|----|-------|------|-------|-----------------|--------------|--|--|--|--|--|----------|--|------|------|----|-------|------|-------|------|------|----|-------|------|-------|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|------------|--|--|--|--|--|-----------------|--|
| Address : <u>Jeddah</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Fax :                                                    |        | <input checked="" type="checkbox"/> PPM    | <input type="checkbox"/> Contract PPM |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| P.O. # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | <input type="checkbox"/> Installation                    |        | <input type="checkbox"/> Contract Repair   |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Received thru:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | <input type="checkbox"/> Warranty PPM                    |        | <input type="checkbox"/> Site Inspection   |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| SAP Service Call #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | <input type="checkbox"/> Warranty Repair                 |        | <input type="checkbox"/> Demo Installation |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Contact Person :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                          |        | <input type="checkbox"/> Paid Service      |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Delivery                                                 |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Model : <u>SF mid tonic</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | Serial # : <u>4500704752</u>                             |        | Description                                |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Problem / Error :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <u># PPM is done system working normal</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Report :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <u># Attached check test</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <u># check system H/W and set</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Description |                                                          |        |                                            | Part #                                | Price                   |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Warranty Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Acceptance Date  |                                                          | 1st PM |                                            | 2nd PM                                |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / / 20           |                                                          | / / 20 |                                            | / / 20                                |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / / 20           |                                                          | / / 20 |                                            | / / 20                                |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / / 20           |                                                          | / / 20 |                                            | / / 20                                |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / / 20           |                                                          | / / 20 |                                            | / / 20                                |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table> |                  |                                                          |        |                                            |                                       |                         | Travel Time |    |       |      |       |                 | Working Time |  |  |  |  |  | Expenses |  | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                          |        |                                            |                                       | Working Time            |             |    |       |      |       | Expenses        |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From             | To                                                       | Total  | Unit                                       | Total                                 | Date                    | From        | To | Total | Unit | Total | Date            | Total        |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                          |        |                                            |                                       | Total Work              |             |    |       |      |       | Total Expenses: |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Note : Customer Engineer                   |                                       | Date : <u>30/5/2021</u> |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Need Follow-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Stamp :                                    |                                       | Signature :             |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                          |        |                                            |                                       |                         |             |    |       |      |       |                 |              |  |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



48029/20

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|--------|--------------------------------------------|---------------------------------------|-----------------|--------|
| Hospital / Clinic: <b>KFGH</b>                                                                                                                                                                                                                              |                  | Telephone :                              |        | Date : <b>30/5/2021</b>                    |                                       |                 |        |
| Address: <b>Jeddah</b>                                                                                                                                                                                                                                      |                  | Fax :                                    |        | <input checked="" type="checkbox"/> PPM    | <input type="checkbox"/> Contract PPM |                 |        |
| P.O. # :                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Installation    |        | <input type="checkbox"/> Contract Repair   |                                       |                 |        |
| Received thru:                                                                                                                                                                                                                                              |                  | <input type="checkbox"/> Warranty PPM    |        | <input type="checkbox"/> Site Inspection   |                                       |                 |        |
| SAP Service Call #:                                                                                                                                                                                                                                         |                  | <input type="checkbox"/> Warranty Repair |        | <input type="checkbox"/> Demo Installation |                                       |                 |        |
| Contact Person :                                                                                                                                                                                                                                            |                  |                                          |        | <input type="checkbox"/> Paid Service      |                                       |                 |        |
| Invoice #:                                                                                                                                                                                                                                                  |                  | Delivery                                 |        |                                            |                                       |                 |        |
| Model : <b>Fusion compact</b>                                                                                                                                                                                                                               |                  | Serial #: <b>1821122</b>                 |        | Description <b>Navigation</b>              |                                       |                 |        |
| Problem / Error :                                                                                                                                                                                                                                           |                  |                                          |        |                                            |                                       |                 |        |
| <b>PPM is done as per check test system working normal and safe</b>                                                                                                                                                                                         |                  |                                          |        |                                            |                                       |                 |        |
| Work Report :                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                       |                 |        |
| <b>No errors from log file tested hardware and software</b>                                                                                                                                                                                                 |                  |                                          |        |                                            |                                       |                 |        |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                          |        |                                            |                                       |                 |        |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                                          |        |                                            | Part #                                | Price           |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
| Warranty Period:                                                                                                                                                                                                                                            |                  |                                          |        |                                            |                                       |                 |        |
| Invoice #                                                                                                                                                                                                                                                   |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             | Acceptance Date  |                                          | 1st PM |                                            | 2nd PM                                | 3rd PM          | 4th PM |
|                                                                                                                                                                                                                                                             | / / 20           |                                          | / / 20 |                                            | / / 20                                | / / 20          | / / 20 |
| Date                                                                                                                                                                                                                                                        | / / 20           |                                          | / / 20 |                                            | / / 20                                | / / 20          | / / 20 |
| Travel Time                                                                                                                                                                                                                                                 |                  | Working Time                             |        |                                            |                                       | Expenses        |        |
| Date                                                                                                                                                                                                                                                        | From             | To                                       | Total  | Unit                                       | Total                                 | Date            | Total  |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
|                                                                                                                                                                                                                                                             |                  |                                          |        |                                            |                                       |                 |        |
| Total Travel                                                                                                                                                                                                                                                |                  | Total Work                               |        |                                            |                                       | Total Expenses: |        |
| Work Complete                                                                                                                                                                                                                                               |                  | Note : Customer Engineer                 |        |                                            |                                       | Date :          |        |
| Need Follow-up                                                                                                                                                                                                                                              |                  |                                          |        |                                            |                                       | Stamp :         |        |
| Enclosed                                                                                                                                                                                                                                                    |                  |                                          |        |                                            |                                       | Signature :     |        |
| Engineer                                                                                                                                                                                                                                                    |                  |                                          |        |                                            |                                       |                 |        |

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Fax. : +966-14-815 4742

Abha Branch :  
Al Rajhi Center - Khaldiya - Abha - KSA  
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Hail Branch :  
Hail - KSA  
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Fax: +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
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Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com    www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



MAINTENANCE

|                     |                      |                                                                                     |
|---------------------|----------------------|-------------------------------------------------------------------------------------|
| Hospital / Clinic : | Telephone :          | Date : 5.2021                                                                       |
|                     | Fax :                | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                  |
| Address             | P.O. # :             | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |
|                     | Received thru :      | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |
|                     | SAP Service Call # : | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |
| Contact Person :    |                      | <input type="checkbox"/> Paid Service                                               |

Invoice #:

Delivery

Model : GSI

Serial #:

Description

Problem / Error :

Work Report :



Optical ☐ Ophtha ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐ Trauma ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

Warranty Period:

Invoice #

| Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|-----------------|--------|--------|--------|--------|
| / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
| Date            | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

Work Complete

Yes ☐ No ☐

Note : Customer Engineer

Date :

Need Follow-up

Yes ☐ No ☐

Stamp :

Enclosed

Signature :

Engineer

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Head Office: Jeddah :

Riyadh Branch :

Al-Khobar Branch :

Al-Madina Branch :

Abha Branch :

Hail Branch :

Qassim Branch :

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P.O. Box 55177, Riyadh 11534, KSA

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P.O. Box 2870, Madina - KSA

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|--------|--------------------------------------------|---------------------------------------|--------------------------|------|----|-------|------|-------|-----------------|-------|--|--|
| Hospital / Clinic : <i>المستشفى العام</i>                                                                                                                                                                                                                              |                  | Telephone :                              |        | Date : <i>5.2021</i>                       |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Address : <i>جدة</i>                                                                                                                                                                                                                                                   |                  | Fax :                                    |        | <input type="checkbox"/> PPM               | <input type="checkbox"/> Contract PPM |                          |      |    |       |      |       |                 |       |  |  |
| P.O. # :                                                                                                                                                                                                                                                               |                  | <input type="checkbox"/> Installation    |        | <input type="checkbox"/> Contract Repair   |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Received thru:                                                                                                                                                                                                                                                         |                  | <input type="checkbox"/> Warranty PPM    |        | <input type="checkbox"/> Site Inspection   |                                       |                          |      |    |       |      |       |                 |       |  |  |
| SAP Service Call #:                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Warranty Repair |        | <input type="checkbox"/> Demo Installation |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Contact Person :                                                                                                                                                                                                                                                       |                  |                                          |        | <input type="checkbox"/> Paid Service      |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Invoice #:                                                                                                                                                                                                                                                             |                  | Delivery                                 |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Model : <i>CSI</i>                                                                                                                                                                                                                                                     |                  | Serial # : <i>650046432</i>              |        | Description <i>TPD5 for</i>                |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Problem / Error :                                                                                                                                                                                                                                                      |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| <i>تم عمل صيانة دورية للجهاز</i>                                                                                                                                                                                                                                       |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Work Report :                                                                                                                                                                                                                                                          |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Qty.                                                                                                                                                                                                                                                                   | Part Description |                                          |        | Part #                                     | Price                                 |                          |      |    |       |      |       |                 |       |  |  |
| <i>30/5</i>                                                                                                                                                                                                                                                            | <i>2021</i>      |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>                                                                                                                                                                                     |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Warranty Period:                                                                                                                                                                                                                                                       |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
|                                                                                                                                                                                                                                                                        | Acceptance Date  |                                          | 1st PM |                                            | 2nd PM                                |                          |      |    |       |      |       |                 |       |  |  |
|                                                                                                                                                                                                                                                                        | / / 20           |                                          | / / 20 |                                            | / / 20                                |                          |      |    |       |      |       |                 |       |  |  |
| Date                                                                                                                                                                                                                                                                   | / / 20           |                                          | / / 20 |                                            | / / 20                                |                          |      |    |       |      |       |                 |       |  |  |
|                                                                                                                                                                                                                                                                        | / / 20           |                                          | / / 20 |                                            | / / 20                                |                          |      |    |       |      |       |                 |       |  |  |
| Invoice #                                                                                                                                                                                                                                                              |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Travel Time                                                                                                                                                                                                                                                            |                  | Working Time                             |        |                                            |                                       | Expenses                 |      |    |       |      |       |                 |       |  |  |
| Date                                                                                                                                                                                                                                                                   | From             | To                                       | Total  | Unit                                       | Total                                 | Date                     | From | To | Total | Unit | Total | Date            | Total |  |  |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |
| Total Travel                                                                                                                                                                                                                                                           |                  |                                          |        |                                            |                                       | Total Work               |      |    |       |      |       | Total Expenses: |       |  |  |
| Work Complete                                                                                                                                                                                                                                                          |                  |                                          |        |                                            |                                       | Note : Customer Engineer |      |    |       |      |       | Date :          |       |  |  |
| Need Follow-up                                                                                                                                                                                                                                                         |                  |                                          |        |                                            |                                       | <i>E. nichal mander</i>  |      |    |       |      |       | Stamp :         |       |  |  |
| Enclosed                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                       | <i>30/5</i>              |      |    |       |      |       | Signature :     |       |  |  |
| Engineer                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                       |                          |      |    |       |      |       |                 |       |  |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink: Engineer, Green: Accountant



48972/20

|              |                     |             |       |
|--------------|---------------------|-------------|-------|
| Invoice #:   | Delivery            |             |       |
| Model: 05I39 | Serial #: 050047674 | Description | 05I39 |

Problem / Error:

تم في مدينة الرياض، ١٠/١٢/١٤٤٢هـ

Work Report:

[illegible]

Warranty Period:

Invoice #

|      | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|------|-----------------|--------|--------|--------|--------|
|      | / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
|      |                 |        |        |        |        |
|      |                 |        |        |        |        |

|                |                                                                     |                                                    |             |
|----------------|---------------------------------------------------------------------|----------------------------------------------------|-------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer<br>E. mehal mendo<br>30th | Date :      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                    | Stamp :     |
| Enclosed       | <i>30th</i>                                                         |                                                    | Signature : |
| Engineer       | <i>[Signature]</i>                                                  |                                                    |             |

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**Al-Khobar Branch :**

**Al-Madina Branch:**

Abha Branch :

Hail Branch :

**Qassim Branch :**

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P. O. Box 30047, Al Khobar 31952 - KSA

P. O. Box 2870 Madina - KSA

Al Rajhi Center - Khaldiya - Abha - KSA

Hal - KSA

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Fax. : +966-16-326-7115

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48971/20

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                         |                     |                                          |                                            |
|-----------------------------------------|---------------------|------------------------------------------|--------------------------------------------|
| Hospital / Clinic: <i>الكلية العامة</i> | Telephone:          | Date: <i>5.2021</i>                      |                                            |
| Address                                 | Fax:                | <input type="checkbox"/> PPM             | <input type="checkbox"/> Contract PPM      |
|                                         | P.O. #:             | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair   |
|                                         | Received thru:      | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection   |
|                                         | SAP Service Call #: | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation |
| Contact Person:                         |                     |                                          | <input type="checkbox"/> Paid Service      |

|                      |                                                       |
|----------------------|-------------------------------------------------------|
| Invoice #:           | Delivery                                              |
| Model: <i>G5I 39</i> | Serial #: <i>G50045443</i> Description: <i>G5I 39</i> |
| Problem / Error:     |                                                       |

|                                    |
|------------------------------------|
| Work Report:                       |
| <i>توكل على صيانة دورية للجهاز</i> |
| <i>الجهاز يعمل بشكل جيد</i>        |

|                                  |                                 |                                |                                         |                                |                                |                                  |                                 |
|----------------------------------|---------------------------------|--------------------------------|-----------------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|
| Optical <input type="checkbox"/> | Ophtha <input type="checkbox"/> | Derma <input type="checkbox"/> | ENT <input checked="" type="checkbox"/> | Ortho <input type="checkbox"/> | Neuro <input type="checkbox"/> | General <input type="checkbox"/> | Trauma <input type="checkbox"/> |
|----------------------------------|---------------------------------|--------------------------------|-----------------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|

| Qty.      | Part Description | Part # | Price |
|-----------|------------------|--------|-------|
| <i>36</i> | <i>36</i>        |        |       |
|           |                  |        |       |

|                  |               |               |               |               |
|------------------|---------------|---------------|---------------|---------------|
| Warranty Period: | Invoice #     |               |               |               |
| Acceptance Date  | 1st PM        | 2nd PM        | 3rd PM        | 4th PM        |
| <i>/ / 20</i>    | <i>/ / 20</i> | <i>/ / 20</i> | <i>/ / 20</i> | <i>/ / 20</i> |
| date             | <i>/ / 20</i> | <i>/ / 20</i> | <i>/ / 20</i> | <i>/ / 20</i> |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                |                                                                     |                         |            |
|----------------|---------------------------------------------------------------------|-------------------------|------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note: Customer Engineer | Date:      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>E. mohal mender</i>  | Stamp:     |
| Enclosed       | <i>30/5/20</i>                                                      |                         | Signature: |
| Engineer       | <i>30/5/20</i>                                                      |                         |            |

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48970/20

## SERVICE REPORT

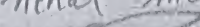
|                                           |                           |                                          |                                                                    |
|-------------------------------------------|---------------------------|------------------------------------------|--------------------------------------------------------------------|
| Hospital / Clinic : <b>المستشفى العام</b> |                           | Telephone :                              | Date : <b>5.2021</b>                                               |
| Address : <b>حرة</b>                      |                           | Fax :                                    | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM |
| P.O. # :                                  |                           | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair                           |
| Received thru :                           |                           | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection                           |
| SAP Service Call # :                      |                           | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation                         |
| Contact Person :                          |                           |                                          | <input type="checkbox"/> Paid Service                              |
| Invoice # :                               | Delivery                  |                                          |                                                                    |
| Model : <b>G5I 39</b>                     | Serial # : <b>G535570</b> | Description <b>G5I 39</b>                |                                                                    |
| Problem / Error :                         |                           |                                          |                                                                    |

Work Report :

تم عمل صيانة دورية للجهاز  
الجهاز يعمل بشكل جيد.

|         |                          |                  |                          |        |                                     |       |                          |       |                          |         |                          |        |                          |
|---------|--------------------------|------------------|--------------------------|--------|-------------------------------------|-------|--------------------------|-------|--------------------------|---------|--------------------------|--------|--------------------------|
| Optical | <input type="checkbox"/> | Ophthalmology    | <input type="checkbox"/> | ENT    | <input checked="" type="checkbox"/> | Ortho | <input type="checkbox"/> | Neuro | <input type="checkbox"/> | General | <input type="checkbox"/> | Trauma | <input type="checkbox"/> |
| Qty.    |                          | Part Description |                          | Part # |                                     | Price |                          |       |                          |         |                          |        |                          |

| Warranty Period: |        | Invoice # |        |        |  |
|------------------|--------|-----------|--------|--------|--|
| Acceptance Date  | 1st PM | 2nd PM    | 3rd PM | 4th PM |  |
| / / 20           | / / 20 | / / 20    | / / 20 | / / 20 |  |
| Date             | / / 20 | / / 20    | / / 20 | / / 20 |  |
|                  |        |           |        |        |  |
|                  |        |           |        |        |  |

|                |                                                                     |                                                                                                                                                         |             |                    |
|----------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer<br><i>E. nichal meunde</i><br><br>30/5/2022 | Date :      | <i>30/5/2022</i>   |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                                         | Stamp :     |                    |
| Enclosed       | <i>2</i>                                                            |                                                                                                                                                         | Signature : | <i>[Signature]</i> |
| Engineer       | <i>[Signature]</i>                                                  |                                                                                                                                                         |             |                    |

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**Riyadh Branch :**  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax : +966-11- 480 3034

**Al-Khobar Branch :**  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax. : +966-13-899 4033

**Al-Madina Branch :**  
P. O. Box 2870 Madina - KSA  
Tel : +966-14-815 4244 / 815 2529  
Fax : +966-14-815 4742

**Abha Branch:**  
Al Rajh Center • Khaldiya • Abha • KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

**Hail Branch :**  
Hail - KSA  
Tel : +966-16-558-6266  
Fax : +966-16-558-5080

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)    [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاكتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

774

Page 1 of 1

ZMMI

JED

SHIPPED TO/المنشأة المستلمة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Amico VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 70025094  
Delivery No./رقم التوريد: 800681984  
FO NO./رقم طلب الشراء: KEHT-3-234  
Invoice No./رقم الفاتورة: 1090010022

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 03.03.2021

### TAX INVOICE

### فاتورة ضريبية

| Ref<br>البلد | SKU ID<br>رقم الصنف                      | Item Description<br>وصف الصنف  | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with<br>VAT<br>الإجمالي |
|--------------|------------------------------------------|--------------------------------|---------------------------|---------------|-----------------------------------------------|------------------------------|----------------------------|-------------------------------|
| 1000132043   | AVED 320-01413 Remote control KXL Machin | ملفات أجهزة تنجيع قو<br>الايار | 03.03.2021                | 1             | 1,250.00                                      | 15.00%                       | 187.50                     | 1,437.50                      |

*(Handwritten signature)*



ONE THOUSAND FOUR HUNDRED THIRTY-SEVEN  
AND 50/100 SAUDI RIYAL ONLY

Quantity  
الكمية:

1

Total SAR/المجموع غير شامل الضريبة: 1,250.00  
VAT SAR/ضريبة القيمة المضافة: 187.50  
Net Amount/المجموع: 1,437.50

User : Yousif Khogaly

General Manager

Head Office/Jeddah 93.2021 Riyadh Branch :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

P.O. Box 55177, Riyadh 11534, KSA  
Tel.: +966-11-480 0407  
Fax: +966-11-480 3034

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P.O. Box 30047, Al Khobar 31952 - KSA  
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Fax: +966-13-899 4033

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Fax: +966-17-228 8791

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Hail - KSA  
Tel.: +966-16-558 6266  
Fax: +966-16-558 5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel.: +966-18-326 311  
Fax: +966-18-326 711

E-Mail: ksa@amicogroup.com www.amicogroup.com



Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70025094 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800681984 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: KFHT-3-234 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010022 Invoice Date/تاريخ الفاتورة: 03.03.2021

**TAX INVOICE**

**فاتورة ضريبية**

| Ref                                     | SKU ID     | Item Description                                                           | Del Date      | QTY     | UPrice w/c VAT           | VAT%                 | VAT Amount   | Total with VAT |
|-----------------------------------------|------------|----------------------------------------------------------------------------|---------------|---------|--------------------------|----------------------|--------------|----------------|
| البنات مستأجرة محدودة - س.ت. ٤٠٣٠٠٤٧٧٧٧ | رقم الصنف  | وصف الصنف                                                                  | تاريخ التوريد | الكمية  | السعر الفردي دون الضريبة | ضريبة القيمة المضافة | قيمة الضريبة | الاجمالي       |
|                                         | 1000132043 | AVED 320-01413 Remote control KXL Machin<br>ملحقات اجهزة تصحيح قوة الابصار |               | 1<br>EA | 1,250.00                 | 15.00%               | 187.50       | 1,437.50       |

ONE THOUSAND FOUR HUNDRED THIRTY-SEVEN Total 1 Total SAR/شامل الضريبة: 1,250.00  
AND 50/100 SAUDI RIYAL ONLY Quantity VAT SAR/المضافة: 187.50  
الكمية: Net Amount/المجموع: 1,437.50



User : Yousif Khogaly

Head Office: Jeddah: P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146  
Riyadh Branch: P.O. Box 55177, Riyadh 11534, KSA Tel.: +966-11-480 0407 Fax: +966-11-480 3034  
Al-Khobar Branch: P.O. Box 30047, Al Khobar 31952 - KSA Tel.: +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
Al-Madina Branch: P.O. Box 2870 Madina - KSA Tel.: +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
Abha Branch: Al Rajhi Center - Khalidiya - Abha - KSA Tel.: +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch: Hail - KSA Tel.: +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch: Qassim - Buraidah - KSA Tel.: +966-16-326-31 Fax: +966-16-326-71

E-Mail : ksa@amicogroup.com www.amicogroup.com

KINGDOM WIDE 920028289





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المنشأة المستلمة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

EMMI

JED

AMICO VAT No./الضريبي: الرقم 300466305500003 Customer VAT No./الضريبي للزبون: الرقم 3002314615100003

SO No./رقم طلب البيع: 70025094

Billing Acct. No./رقم الحساب:

Payable within 90 Days

Delivery No./رقم التوريد: 800681984

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

03.03.2021

PO NO./رقم طلب الشراء: KFHT-3-234

Invoice No/رقم الفاتورة: 1090010022

Invoice Date/تاريخ الفاتورة:

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>المرجع | SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج                                                 | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>النفدي دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|---------------|----------------------|--------------------------------------------------------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|               | 1000132043           | AVED 320-01413 Remote<br>control KXL Machin<br>ملحقات اجهزة تصحيح قوة<br>البصر |                              | 1<br>EA       | 1,250.00                                            | 15.00%                             | 187.50                        | 1,437.50                      |

ONE THOUSAND FOUR HUNDRED THIRTY-SEVEN  
AND 50/100 SAUDI RIYAL ONLY

Total  
Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 1,250.00  
ضريبة القيمة المضافة VAT SAR: 187.50  
المجموع/Net Amount: 1,437.50

User : Youait Khogely

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
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Fax.: +966-11-480 3034

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Fax.: +966-13-899 4033

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Fax.: +966-14-815 4742

Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA  
Tel.: +966-17-228 8790  
Fax.: +966-17-228 8791

Hail Branch : Hail - KSA  
Tel.: +966-16-558-6266  
Fax.: +966-16-558-5080

Qassim Branch : Qassim - Buraidah - KS  
Tel.: +966-16-326-3  
Fax.: +966-16-326-7

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/الى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المشاة المستلمة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

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JED

Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 70025094 Billing Acct. No./رقم الحساب: Payable within 90 Days  
Delivery No./رقم التوريد: 800681984 Payment terms/شروط الدفع: Contact Person/شخص الاتصال: 03.03.2021  
PO NO./رقم طلب الشراء: KFHT-3-234 Invoice Date/تاريخ الفاتورة: 03.03.2021  
Invoice No./رقم الفاتورة: 1090010022

# TAX INVOICE

## فاتورة ضريبية

| Ref<br>الترتيب | SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج                                                  | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفرادى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|----------------|----------------------|---------------------------------------------------------------------------------|---------------------------|---------------|------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                | 1000132043           | AVED 320-01413 Remote<br>control KAL Machin<br>ملحقات اجهزة تصحيح فوه<br>البصار |                           | 1<br>EA       | 1,250.00                                             | 15.00%                             | 187.50                        | 1,437.50                      |

ONE THOUSAND FOUR HUNDRED THIRTY-SEVEN  
AND 50/100 SAUDI RIYAL ONLY  
Total  
Quantity  
الكمية: 1  
Total SAR/شاملة الضريبة: 1,250.00  
VAT SAR/القيمة المضافة: 187.50  
Net Amount/المجموع: 1,437.50

User : Youssif Khogaly

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax: +966-11-480 3034

Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax: +966-13-899 4033

Al-Madina Branch : P. O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

Hail Branch : Hail - KSA  
Tel. : +966-16-558-6266  
Fax. : +966-16-558-5080

Qassim Branch : Qassim - Buraidah - KS  
Tel. : +966-16-326-3  
Fax. : +966-16-326-7

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SHIPPED TO/إلى: 100315  
AL HASAL AL ARABI FOR MAINI, JEDDAH  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

SHIPPED TO/المستلمة: 100315  
AL HASAL AL ARABI FOR MAINI, JEDDAH  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

0000

000

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
BO No./رقم طلب البيع: 70025094 Billing Acct. No./رقم الحساب:  
Tel./رقم الهاتف: 000091984 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: KEHT-3-234 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090010022 Invoice Date/تاريخ الفاتورة:

# TAX INVOICE

# فاتورة ضريبية

| Item Description<br>وصف المنتج                                                 | Qty<br>الكمية | Unit Price w/o VAT<br>السعر | VAT %<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|--------------------------------------------------------------------------------|---------------|-----------------------------|-------------------------------|----------------------------|----------------------------|
| 1000132093 AVEB 320-01413 Remote Control R&L Machine<br>ملحقات أجهزة تصحيح قوة | 1             | 1,250.00                    | 15.00%                        | 187.50                     | 1,437.50                   |

|                                |          |
|--------------------------------|----------|
| Net Amount/المجموع             | 1,250.00 |
| VAT 15% / ضريبة القيمة المضافة | 187.50   |
| Total/المجموع مع الضريبة       | 1,437.50 |

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
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Fax: +966-11-480 3034

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Tel.: +966-13-864 2911 / 864 3587  
Fax: +966-13-899 4033

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Tel.: +966-16-326-3  
Fax: +966-16-326-7

E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.م.ك. - ٤٣٧٧٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

المستلمة رقم: 1002314615100003  
AL HAZAL AB ALHADI FOR MEDICAL  
التجارة الحرة للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

المستلمة رقم: 1002314615100003  
AL HAZAL AB ALHADI FOR MEDICAL  
التجارة الحرة للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

2021

2021

amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 1002314615100003  
SO No./رقم طلب البيع: 70025094 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800601984 Payment terms/شروط الدفع: Payable within 90 Days  
PO No./رقم طلب الشراء: KFHT-3-234 Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1096010022 Invoice Date/تاريخ الفاتورة: 03.03.2021

# TAX INVOICE

# فاتورة ضريبية

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج                                               | Qty<br>الكمية | Unit Price<br>السعر | VAT %<br>القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|----------------------|------------------------------------------------------------------------------|---------------|---------------------|-------------------------|----------------------------|----------------------------|
| 1000132045           | AVED 510 01413 Remote<br>Controlled Lab Machine<br>معدات أجهزة تحليل<br>الدم | 1             | 1,250.00            | 15.00%                  | 187.50                     | 1,437.50                   |

AMICO GROUP TOTAL 1,437.50  
AND 007100 SAUDI TOTAL ONLY  
المجموع شامل الضريبة: 1,437.50  
القيمة المضافة: 187.50  
المجموع: 1,437.50

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
DOM WIDE 920028289

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Fax: +966-11-480 3034

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Fax: +966-16-558-5080

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Tel.: +966-16-326-3  
Fax: +966-16-326-7

E-Mail : ksa@amicogroup.com www.amicogroup.com





BILLED TO : 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA  
JEDDAH EYE HOSPITAL (IOL)  
P.O.BOX#13312

شركة المجال العربي للصيانة والعلمية  
Al Amin Medical Instruments Co. Ltd.

Amico VAT No./ 300466305500003  
Customer VAT No : 3002314615100003  
Your reference :EHJ-34

Invoice No: 1090009279

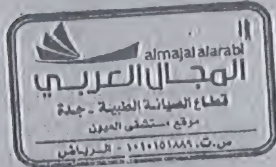
Date :07.12.2020

Pmt term : Within 90 days

## TAX INVOICE

| No  | Item Code  | Description                              | Qty | Unit Price without VAT | VAT%  | VAT Amount | Total Price with VAT |
|-----|------------|------------------------------------------|-----|------------------------|-------|------------|----------------------|
|     |            |                                          |     | SR                     |       | SR         | SR                   |
| 001 | 1000038545 | HUSTD 075718 CONTROLLER 230VAC W/BATTERY | 2   | 16,000.00              | 15.00 | 3,840.00   | 35,840.00            |
| 2   | 8000003645 | Coll for Husted Surgical Bed             | 1   | 12,000.00              | 15.00 | 1,440.00   | 13,440.00            |

أحمد أبو جابر  
م. محمد أبو جابر  
١٤٤٠/١٢/١٠



FORTY THOUSAND FOUR HUNDRED EIGHTY  
SAUDI RIYAL ONLY

Total Amount : SR 44,000.00  
Discount Amount : 8,800.00  
VAT Amount : 5,280.00  
Net Amount:SR 40,480.00

General Manager

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax. : +966-11- 480 3034

Al-Khobar Branch :

P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-804 2911 / 804 3587  
Fax. : +966-13-899 4033

Al-Madina Branch :

P. O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

Hail Branch :

Hail - KSA  
Tel. : +966-16-558-8268  
Fax. : +966-16-558-8080

Qassim Branch

Qassim - Buraidah - K  
Tel. : +966-16-326-  
Fax. : +966-16-326-

KINGDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com



Amico VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 25158856  
Delivery No./رقم التوريد: 800661000  
PO NO./رقم طلب الشراء: As per contract  
Invoice No./رقم الفاتورة: 1090009278

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 07.12.2020

**TAX INVOICE**

**فاتورة ضريبية**

| Refer<br>ence<br>رقم<br>البن | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف        | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|------------------------------|---------------------|--------------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                              | 8000000727          | NIDK GYC-1000K PS 1 PPM              | 07.12.2020                   | 1<br>EA       | 7,500.00                                            | 5.00%                              | 375.00                        | 7,875.00                      |
|                              | 80000003629         | / FRASTEMA Unit PS 1PPM<br>Emergency | 07.12.2020                   | 1<br>EA       | 4,500.00                                            | 5.00%                              | 225.00                        | 4,725.00                      |
|                              | 80000003629         | / FRASTEMA Unit PS 1PPM<br>Emergency | 07.12.2020                   | 1<br>EA       | 4,500.00                                            | 5.00%                              | 225.00                        | 4,725.00                      |

SEVENTEEN THOUSAND THREE HUNDRED  
TWENTY-FIVE SAUDI RIYAL ONLY

Total 3  
Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 16,500.00  
VAT SAR/ضريبة القيمة المضافة: 825.00  
Net Amount/المجموع: 17,325.00

Er : Ismail ayyakaramen

Head Office: Jeddah:

P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax : +966-12-660 1146

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax. : +966-11-480 3034

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Fax. : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

General Manager

E-Mail : ksa@amicogroup.com www.amicogroup.com



Amico VAT No./الرقم الضريبي: 300466305500003

SO No./رقم طلب البيع: 25158856

Delivery No./رقم التوريد: 800661000

PO NO./رقم طلب الشراء: As per contract

Invoice No./رقم الفاتورة: 1090009278

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

Payable within 90 Days

07.12.2020

Invoice Date/تاريخ الفاتورة:

**TAX INVOICE**

**فاتورة ضريبية**

| Refer<br>ence<br>رقم<br>الفا<br>تورة | SKU ID<br>رقم<br>المنتج | Item Description<br>وصف<br>المنتج    | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى<br>شون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الإجمالي |
|--------------------------------------|-------------------------|--------------------------------------|------------------------------|---------------|--------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                                      | 8000000727              | NIDK GYC-1000K PS 1 PPM              | 07.12.2020                   | 1<br>EA       | 7,500.00                                               | 5.00%                              | 375.00                        | 7,875.00                      |
|                                      | 8000003629              | / FRASTEMA Unit PS 1PPM<br>Emergency | 07.12.2020                   | 1<br>EA       | 4,500.00                                               | 5.00%                              | 225.00                        | 4,725.00                      |
|                                      | 8000003629              | / FRASTEMA Unit PS 1PPM<br>Emergency | 07.12.2020                   | 1<br>EA       | 4,500.00                                               | 5.00%                              | 225.00                        | 4,725.00                      |

SEVENTEEN THOUSAND THREE HUNDRED  
TWENTY-FIVE SAUDI RIYAL ONLY

Total 3  
Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 16,500.00  
VAT SAR/ضريبة القيمة المضافة: 825.00  
Net Amount/المجموع: 17,325.00

General Manager

ser : Ismail ayyskaramen

Head Office: Jeddah : P.O. Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
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Fax.: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاكتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

.MAINT. SLS

SHIPPED TO/المنشأة المستلمة: 101159

RIEM TATAAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25158856 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800661000 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: As per contract Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1000003278 Invoice Date/تاريخ الفاتورة: 07.12.2020

# TAX INVOICE

## فاتورة ضريبية

| SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف        | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/o VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|---------------------|--------------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|
| 80000000727         | GAU CYC-1000K PS 1 PPM               | 07.12.2020                | 1<br>EA       | 7,500.00                                   | 5.00%                        | 375.00                     | 7,875.00                   |
| 80000000629         | / FRASTEMA Unit PS 1PIM<br>Emergency | 07.12.2020                | 1<br>EA       | 4,500.00                                   | 5.00%                        | 225.00                     | 4,725.00                   |
| 80000000629         | / FRASTEMA Unit PS 1PPM<br>Emergency | 07.12.2020                | 1<br>EA       | 4,500.00                                   | 5.00%                        | 225.00                     | 4,725.00                   |

SEVENTEEN THOUSAND THREE HUNDRED TWENTY FIVE SAUDI RITAL ONLY  
Total Quantity الكمية: 3  
Total SAR/المجموع غير شامل الضريبة: 16,500.00  
VAT SAR/ضريبة القيمة المضافة: 825.00  
Net Amount/المجموع: 17,325.00

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
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Fax : +966-11- 480 3034

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Fax. : +966-17-228 8791

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Fax. : +966-16-558-5080

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Fax. : +966-16-326-711

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

المملكة العربية السعودية - الرياض

Box 3871 Jeddah 21481 - KSA

الهاتف : 966-11-660 1149 / 665 5766

فاكس : 966-11-660 1146

جدة 21481

JEDDAH 21481

SHIPPED TO/المنشأة المستلمة : 101139

بمحافظة جدة - الرياض

بمحافظة جدة - الرياض

TAX

FAIR 21481

SAUDI ARABIA

Page 1 of 2

MAINT. SLS

101139

Customer VAT No. الرقم الضريبي : 300466305500003  
Billing Acct. No./رقم الحساب : 25158856  
Payment terms/شروط الدفع : 30/06/2009  
Contact person/شخص الاتصال : AS DEL CONTRACT  
Invoice No./رقم الفاتورة : 135000000

Customer VAT No. الرقم الضريبي : 300466305500003

Billing Acct. No./رقم الحساب : 25158856

Payment terms/شروط الدفع : 30/06/2009

Contact person/شخص الاتصال : AS DEL CONTRACT

Payable within 90 Days

07.12.2009

Invoice No./رقم الفاتورة : 135000000

TAX INVOICE

فاتورة ضريبية

| Item No. | Item Description    | Unit   | Qty    | Unit Price | Total Price | VAT     | Total VAT | Total Price |
|----------|---------------------|--------|--------|------------|-------------|---------|-----------|-------------|
| الرقم    | الوصف               | الوحدة | الكمية | السعر      | المجموع     | الضريبة | المجموع   | المجموع     |
| 1        | PLASTIC BAG 13 1000 | EA     | 1      | 4,500.00   | 4,500.00    | 5.00%   | 225.00    | 4,725.00    |
| 2        | PLASTIC BAG 13 1000 | EA     | 1      | 4,500.00   | 4,500.00    | 5.00%   | 225.00    | 4,725.00    |
| 3        | PLASTIC BAG 13 1000 | EA     | 1      | 4,500.00   | 4,500.00    | 5.00%   | 225.00    | 4,725.00    |

AMICO GROUP OF COMPANIES  
P.O. Box 3871 Jeddah 21481 - KSA

AMICO GROUP OF COMPANIES  
P.O. Box 3871 Jeddah 21481 - KSA

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P.O. Box 3871 Jeddah 21481 - KSA

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Head Office: Jeddah :

P.O. Box 3871 Jeddah 21481 - KSA

Tel. : +966-12-660 1149 / 665 5766

Fax : +966-12-660 1146

NGDOM WIDE 920028289

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Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

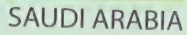
Fax : +966-16-326-7115

General Manager

E-Mail : ksa@amicogroup.com

www.amicogroup.com





**Al Amin Medical Instruments Co. Ltd.**

١٠١١ الفقهاء المسلمون في القرن الرابع

### Discussion

TAA

رقم الحساب: 01400 Army, 00

## فأشهر من مدينة

شركة ذات مسؤولية محدودة - س.ت. ٤٣٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - ع.ق. ٧٨٧٨٠

Dorothea Harmsen

**Head Office: Jeddah :**  
P.O.Box 3871 Jeddah 21481 - KSA  
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NGDOM WIDE 920028289

**Riyadh Branch :**  
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Fax. : +966-13-899 4033

**Al-Madina Branch :**  
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E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)



AMICO

MAINTENANCE

38294 /17

Customer

SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                |                      |                                         |            |
|--------------------------------|----------------------|-----------------------------------------|------------|
| Hospital / Clinic :            | Telephone :          | Date : 29/11/20                         | Invoice# : |
| Address : King Faisal<br>Tajil | Fax :                | <input checked="" type="checkbox"/> PPM |            |
|                                | P.O. # :             | <input type="checkbox"/> Installation   |            |
|                                | Received thru :      | <input type="checkbox"/> Warranty       |            |
| Contact Person :               | SAP Service Call # : | <input type="checkbox"/> Contract       |            |
|                                |                      | <input type="checkbox"/> Paid Service   |            |

Model : Simplex Serial #: 38880 Description : Frigstering

Problem / Error :

Work Report :

PPM Carried out  
The machine is working well  
and it's ready to use

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

Warranty Period:

|      | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|------|-----------------|--------|--------|--------|--------|
|      | / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
|      |                 |        |        |        |        |
|      |                 |        |        |        |        |
|      |                 |        |        |        |        |

| Travel Time |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses |       |
|-------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------|-------|
| Date        | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date     | Total |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |
|             |      |    |       |      |       |              |      |    |       |      |       |          |       |

|                                                                                   |                                        |                |
|-----------------------------------------------------------------------------------|----------------------------------------|----------------|
| Total Travel                                                                      | Total Work                             | Total Expenses |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer alarabi       | Date :         |
| Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>           | الهجاء العربي                          | Stamp :        |
| Enclosed 7005                                                                     | مشروع الصيانة العادية                  | Signature :    |
| Engineer                                                                          | مستشفى الملك فيصل و برج النشاء بالطائف |                |
|                                                                                   | ص.ب. ١٠١١١٨٨٩ - الرياض                 |                |

( Hotline 9200 - Amico / 9200-26426 )

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Fax : +966-12-550 1146  
KINGDOM WIDE 920028289

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Al Rajh Center - Khashdiya - Abha - KSA  
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Tel : +966-16-326-3115  
Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



38293 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : _____                                                                                                                                                                                                              |      |                                         |       |                                        |       | Telephone : _____                                                                                                     |      |        |       |      |       | Date : 29 / 11 / 20                     |  |        |  |  |  | Invoice # : _____ |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------|-------|----------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------|------|--------|-------|------|-------|-----------------------------------------|--|--------|--|--|--|-------------------|--------|--------|-------|--|--|------------------|--|--------|--|--|--|--|--|-----------|--|--|--|--|--|
| Address : King Faisal Hospital                                                                                                                                                                                                         |      |                                         |       |                                        |       | Fax : _____                                                                                                           |      |        |       |      |       | <input checked="" type="checkbox"/> PPM |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       | P.O. # : _____                                                                                                        |      |        |       |      |       | <input type="checkbox"/> Installation   |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Contact Person : Mr. J.                                                                                                                                                                                                                |      |                                         |       |                                        |       | Received thru : _____                                                                                                 |      |        |       |      |       | <input type="checkbox"/> Warranty       |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       | SAR Service Call # : _____                                                                                            |      |        |       |      |       | <input type="checkbox"/> Contract       |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Model : Simplex                                                                                                                                                                                                                        |      |                                         |       |                                        |       | Serial # : 4123                                                                                                       |      |        |       |      |       | <input type="checkbox"/> Paid Service   |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Problem / Error : _____ Description : Fracturing                                                                                                                                                                                       |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Work Report : PPM carried out<br>The machine is working well & it's ready to use.                                                                                                                                                      |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Qty.                                                                                                                                                                                                                                   |      | Part Description                        |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   | Part # |        | Price |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Warranty Period:                                                                                                                                                                                                                       |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      | Acceptance Date                         |       |                                        |       |                                                                                                                       |      | 1st PM |       |      |       |                                         |  | 2nd PM |  |  |  |                   |        | 3rd PM |       |  |  |                  |  | 4th PM |  |  |  |  |  | Invoice # |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      | / / 20                                  |       |                                        |       |                                                                                                                       |      | / / 20 |       |      |       |                                         |  | / / 20 |  |  |  |                   |        | / / 20 |       |  |  |                  |  | / / 20 |  |  |  |  |  |           |  |  |  |  |  |
| Date                                                                                                                                                                                                                                   |      | / / 20                                  |       |                                        |       |                                                                                                                       |      | / / 20 |       |      |       |                                         |  | / / 20 |  |  |  |                   |        | / / 20 |       |  |  |                  |  | / / 20 |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Travel Time                                                                                                                                                                                                                            |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       | Working Time                            |  |        |  |  |  |                   |        |        |       |  |  | Expenses         |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Date                                                                                                                                                                                                                                   | From | To                                      | Total | Unit                                   | Total | Date                                                                                                                  | From | To     | Total | Unit | Total | Date                                    |  |        |  |  |  |                   | Total  |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
|                                                                                                                                                                                                                                        |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Total Travel                                                                                                                                                                                                                           |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  | Total Expenses : |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Work Complete                                                                                                                                                                                                                          |      | Yes <input checked="" type="checkbox"/> |       | No <input type="checkbox"/>            |       | Note : Customer Engineer<br>مشروع الصيانة الفنية<br>مستشفى الملك فيصل وروح النشاء بالطائف<br>س.ت. - ١٠١٥١٨٨٩ - الرياض |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  | Date :           |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Need Follow-up                                                                                                                                                                                                                         |      | Yes <input type="checkbox"/>            |       | No <input checked="" type="checkbox"/> |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  | Stamp :          |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Enclosed                                                                                                                                                                                                                               |      | Signature : J. A. S.                    |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |
| Engineer                                                                                                                                                                                                                               |      |                                         |       |                                        |       |                                                                                                                       |      |        |       |      |       |                                         |  |        |  |  |  |                   |        |        |       |  |  |                  |  |        |  |  |  |  |  |           |  |  |  |  |  |

Head Office: Jeddah : \_\_\_\_\_ (Hotline 9200 - Amico / 9200 20100)

**Head Office: Jeddah :**  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
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KINGDOM WIDE 920028289

**Riyadh Branch :**  
P.O. Box 55177, Riyadh 11534, KSA  
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Fax : +966-11-430 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax : +966-13-869 4033

**Al-Madina Branch :**  
P. O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

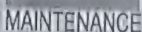
**Abha Branch :**  
Al Rajhi Center - Khadya  
Tel : +966-17-228 8790  
Fax : +966-17-228 8791

**Hall Branch :**  
Hail - KSA  
Tel : +966-18-558-6264  
Fax : +966-18-558-5004

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Head Office: Jeddah : P.O.Box 3871, Jeddah 21481 - KSA  
Tel : +966-12-660 1149 / 665 5766  
Fax: +966-12-690 1146  
KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 65177, Riyadh 11534, KSA  
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Fax: +966-11-450 3034

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Fax : +966-13-899 4033

Al-Madina Branch : P.O. Box 2870, Madina - KSA  
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Fax: +966-14-815 4742

Abha Branch : Al Rajh Center - Khalidiya - Abha - KSA  
Tel : +966-17-228 8790  
Fax : +966-17-228 8791

Hail Branch : Hail - KSA  
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Fax : +966-16-558 5080

Qassim Branch : Qassim - Buraidah - KSA  
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E-Mail : [k.sa@amicogroup.com](mailto:k.sa@amicogroup.com) [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



**AMICO**

SAUDI ARABIA

BILLED TO : 100315

AL MAJAL AL ARABI FOR MAINT. JEDDAH  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA  
JEDDAH EYE HOSPITAL (IOL)  
P.O.BOX#13312

شركة الأمين للتجهيزات الطبية والعلمية  
SHIPPED TO : 100315  
Al Amin Medical Instruments Co. Ltd.

Amico VAT No./ 300466305500003

Customer VAT No :3002314615100003

Our reference :EHJ-36

Invoice No:1090008853

Date :29.10.2020

Pmt term : Within 90 days

**TAX INVOICE**

| No  | Item Code  | Description                   | Qty | Unit Price without VAT | VAT%  | VAT Amount | Total Price with VAT |
|-----|------------|-------------------------------|-----|------------------------|-------|------------|----------------------|
|     |            |                               |     | SR                     |       | SR         | SR                   |
| 001 | 8000000775 | Main Module Exchange Price    | 1   | 53,890.00              | 15.00 | 6,062.63   | 59,952.63            |
| 002 | 8000000776 | Control Module Exchange Price | 1   | 21,045.00              | 15.00 | 2,367.56   | 23,412.56            |

أستلمت الأصل  
م. محمد أبو جابر  
11/11/2020 م



SIXTY-FOUR THOUSAND SIX HUNDRED THIRTY-ONE  
AND 44/100 SAUDI RIYAL ONLY

Total Amount : SR 74,935.00  
Discount Amount : 18,733.75  
VAT Amount : 8,430.19  
Net Amount:SR 64,631.44

General Manager

Head Office: Jeddah :  
Box 3871 Jeddah 21481 - KSA  
+966-12-660 1149 / 665 5766  
+966-12-660 1146

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Al-Madina Branch :  
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Fax. : +966-14-815 4742

Abha Branch :  
Al Rajhi Center - Khaldiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

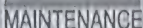
Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax. : +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

SDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com





## Customer SERVICE REPORT

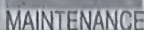
شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

( Hotline 9200 - Amico / 9200-26426 )

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





19706 117

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

( Hotline 9200 - Amico / 9200-26426 )

**Head Office: Jeddah:**  
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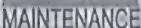
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Hall - KSA  
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31328 /17

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

| Unit | Total | Date | Expenses | Total |
|------|-------|------|----------|-------|
|      |       |      |          |       |

( Hotline 9200 - Amlco / 9200-26426 )

KINGDOM WIDE 920028289

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Fax : +966

Qassim • Bura-Jah • KSA  
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Fax : +966-18-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



AMICO

MAINTENANCE

31327 /17

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------|----------------------------------------------|--------|-----------------|--------|----|
| Hospital / Clinic :                                                                                                                                                                                                         |                  | Telephone :           |                          | Date 28/10/20                                |        | Invoice#:       |        |    |
| Address King Abdulaziz Hospital (Makina)                                                                                                                                                                                    |                  | Fax :                 |                          | <input checked="" type="checkbox"/> PPM      |        |                 |        |    |
|                                                                                                                                                                                                                             |                  | P.O. #:               |                          | <input type="checkbox"/> Installation        |        |                 |        |    |
|                                                                                                                                                                                                                             |                  | Received thru:        |                          | <input type="checkbox"/> Warranty            |        |                 |        |    |
|                                                                                                                                                                                                                             |                  | SAP Service Call #:   |                          | <input checked="" type="checkbox"/> Contract |        |                 |        |    |
| Contact Person :                                                                                                                                                                                                            |                  |                       |                          | <input type="checkbox"/> Paid Service        |        |                 |        |    |
| Model : VX 10 A                                                                                                                                                                                                             |                  | Serial # : 1618700628 |                          | Description : Power                          |        |                 |        |    |
| Problem / Error :                                                                                                                                                                                                           |                  |                       |                          |                                              |        |                 |        |    |
| Work Report : PPM arrived and checked the machine & test it                                                                                                                                                                 |                  |                       |                          |                                              |        |                 |        |    |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                       |                          |                                              |        |                 |        |    |
| Qty.                                                                                                                                                                                                                        | Part Description |                       |                          |                                              |        | Part #          | Price  |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
| Warranty Period:                                                                                                                                                                                                            |                  |                       |                          | Invoice #                                    |        |                 |        |    |
|                                                                                                                                                                                                                             | Acceptance Date  |                       | 1st PM                   |                                              | 2nd PM |                 | 3rd PM |    |
|                                                                                                                                                                                                                             | / / 20           |                       | / / 20                   |                                              | / / 20 |                 | / / 20 |    |
| Date                                                                                                                                                                                                                        | / / 20           |                       | / / 20                   |                                              | / / 20 |                 | / / 20 |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
| Travel Time                                                                                                                                                                                                                 |                  |                       | Working Time             |                                              |        | Expenses        |        |    |
| Date                                                                                                                                                                                                                        | From             | To                    | Total                    | Unit                                         | Total  | Date            | From   | To |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
|                                                                                                                                                                                                                             |                  |                       |                          |                                              |        |                 |        |    |
| Total Travel                                                                                                                                                                                                                |                  |                       | Total Work               |                                              |        | Total Expenses: |        |    |
| Work Complete Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                      |                  |                       | Note : Customer Engineer |                                              |        | Date :          |        |    |
| Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                     |                  |                       |                          |                                              |        | Stamp :         |        |    |
| Enclosed                                                                                                                                                                                                                    |                  |                       |                          |                                              |        | Signature :     |        |    |
| Engineer                                                                                                                                                                                                                    |                  |                       |                          |                                              |        |                 |        |    |

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

P.O. Box 3871 Jeddah 21481 - KSA

Tel : +966-12-660 1149 / 665 5766

Fax : +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

Tel : +966-11-460 0407

Fax : +966-11-460 3034

Al-Khobar Branch :

P.O. Box 92047, Al-Khobar 31952 - KSA

Tel : +966-13-834 2311 / 804 3587

Fax : +966-13-839 4033

E-Mail : ksa@amicogroup.com

Al-Madina Branch :

P.O. Box 2870, Madina - KSA

Tel : +966-14-615 4244 / 815 2529

Fax : +966-14-815 4742

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Abha Branch :

Al-Rafid Center - Khailiya - Abha - KSA

Tel : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel : +966-16-558-6250

Fax : +966-16-566-5000

Qassim Branch :

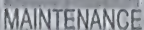
Qassim - Buraidah - KSA

Tel : +966-16-326-3115

Fax : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





19707 117

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance & Contracting Co. Ltd.

( Hotline 9200 - Amico / 9200-26426 )

**Head Office: Jeddah :**  
P.O Box 3871 Jeddah 21481 - KSA  
Tel : +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

**Riyadh Branch :**  
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Tel. : +966-11-480 0407  
Fax : +966-11-480 3034

**Al-Khobar Branch:**  
P. O. Box 30047, Al-Khobar 31952 • KSA  
Tel: +966-13-864 2911 / 864 3587  
Fax: +966-13-864 4033

**Al-Madina Branch :**  
P.O. Box 2870 Madina - KSA  
Tel : +966-14-815 4244 / 815 2529  
Fax : +966-14-815 4742

**Abha Branch :**  
Al Razi Center - Khaldiya - Abha - KSA  
Tel : +966-17-228 8790  
Fax : +966-17-228 8791

Hall Branch :  
Hall - KSA  
Tel : +966-16-5  
Fax : +966-16-5

**Qassim Branch :**  
Qassim - Bureidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115

E-Mail : [k9a@amicogroup.com](mailto:k9a@amicogroup.com)    [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



AMICO

Customer

31330 /17

## SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance &amp; Contracting Co. Ltd.

MAINTENANCE

|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|--------------------------|----------------------------------------------|--------|------------|-------------|-----------------|-------|------|-------|------|------|----|-------|--|
| Hospital / Clinic :                                                                                                                                                                                                         |                  | Telephone :                                              |                          | Date : 15 / 10 / 18                          |        | Invoice# : |             |                 |       |      |       |      |      |    |       |  |
| Address : King Abdulaziz Hospital                                                                                                                                                                                           |                  | Fax :                                                    |                          | <input type="checkbox"/> PPM                 |        |            |             |                 |       |      |       |      |      |    |       |  |
| P.O. # :                                                                                                                                                                                                                    |                  | Received thru :                                          |                          | <input type="checkbox"/> Installation        |        |            |             |                 |       |      |       |      |      |    |       |  |
| SAP Service Call # :                                                                                                                                                                                                        |                  | <input type="checkbox"/> Warranty                        |                          | <input checked="" type="checkbox"/> Contract |        |            |             |                 |       |      |       |      |      |    |       |  |
| Contact Person : Mr. H. Al-Murad                                                                                                                                                                                            |                  | <input type="checkbox"/> Paid Service                    |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Model : 12.20.16601 X                                                                                                                                                                                                       |                  | Serial # :                                               |                          | Description : ALCOHOL                        |        |            |             |                 |       |      |       |      |      |    |       |  |
| Problem / Error :                                                                                                                                                                                                           |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Work Report : 12.20.16601 X                                                                                                                                                                                                 |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Qty.                                                                                                                                                                                                                        | Part Description |                                                          |                          |                                              |        | Part #     | Price       |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Warranty Period:                                                                                                                                                                                                            |                  |                                                          |                          | Invoice #                                    |        |            |             |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             | Acceptance Date  |                                                          | 1st PM                   |                                              | 2nd PM |            | 3rd PM      |                 |       |      |       |      |      |    |       |  |
|                                                                                                                                                                                                                             | / / 20           |                                                          | / / 20                   |                                              | / / 20 |            | / / 20      |                 |       |      |       |      |      |    |       |  |
| Date                                                                                                                                                                                                                        | / / 20           |                                                          | / / 20                   |                                              | / / 20 |            | / / 20      |                 |       |      |       |      |      |    |       |  |
| Travel Time                                                                                                                                                                                                                 |                  |                                                          |                          | Working Time                                 |        |            |             |                 |       |      |       |      |      |    |       |  |
| Date                                                                                                                                                                                                                        | From             | To                                                       | Total                    | Unit                                         | Total  | Date       | From        | To              | Total | Unit | Total | Date | From | To | Total |  |
|                                                                                                                                                                                                                             |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |
| Total Travel                                                                                                                                                                                                                |                  |                                                          |                          | Total Work                                   |        |            |             | Total Expenses: |       |      |       |      |      |    |       |  |
| Work Complete                                                                                                                                                                                                               |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer |                                              |        |            | Date :      |                 |       |      |       |      |      |    |       |  |
| Need Follow-up                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |                                              |        |            | Stamp :     |                 |       |      |       |      |      |    |       |  |
| Enclosed                                                                                                                                                                                                                    |                  |                                                          |                          |                                              |        |            | Signature : |                 |       |      |       |      |      |    |       |  |
| Engineer                                                                                                                                                                                                                    |                  |                                                          |                          |                                              |        |            |             |                 |       |      |       |      |      |    |       |  |

( Hotline 9200 - Amico / 9200-26426 )

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KINGDOM WIDE 920026283

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Hail Branch :

Hail - KSA

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Qassim Branch :

Qassim - Bureidah - KSA

Tel : +966-16-326 3115

Fax : +966-16-326 7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25155940 Billing Acct. No./رقم الحساب: Payable within 90 Days

Delivery No./رقم التوريد: 800651806 Payment terms/شروط الدفع: Payable within 90 Days

PO NO./رقم طلب الشراء: 2nd Payment 2020 Contact Person/شخص الاتصال: 29.10.2020

Invoice No./رقم الفاتورة: 1090008864 Invoice Date/تاريخ الفاتورة: 29.10.2020

**TAX INVOICE**

**فاتورة ضريبية**

| Refer-<br>ence<br>رقم<br>البن | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف          | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/c<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|-------------------------------|---------------------|----------------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|                               | 8000000698          | NIDK MC300/500 Labor Contract          | 29.10.2020                   | 1<br>EA       | 12,500.00                                           | 15.00%                             | 1,875.00                      | 14,375.00                     |
|                               | 8000000740          | NIDK YC1800/1600 Labor Contract        | 29.10.2020                   | 1<br>EA       | 7,500.00                                            | 15.00%                             | 1,125.00                      | 8,625.00                      |
|                               | 8000000668          | ALCON INFINITI Labor Contract          | 29.10.2020                   | 1<br>EA       | 11,500.00                                           | 15.00%                             | 1,725.00                      | 13,225.00                     |
|                               | 8000000812          | HAAG OCTOPUS-900 Labor Contract        | 29.10.2020                   | 1<br>EA       | 9,000.00                                            | 15.00%                             | 1,350.00                      | 10,350.00                     |
|                               | 8000000776          | KOWA-VX10/10I/20 Labor Contract        | 29.10.2020                   | 1<br>EA       | 9,000.00                                            | 15.00%                             | 1,350.00                      | 10,350.00                     |
|                               | 8000002289          | NIDK AL-SCAN Labor Contract            | 29.10.2020                   | 1<br>EA       | 7,500.00                                            | 15.00%                             | 1,125.00                      | 8,625.00                      |
|                               | 8000002138          | Natus RETCAM SHUTTLE 2/3 LABOR CONTRAC | 29.10.2020                   | 1<br>EA       | 8,000.00                                            | 15.00%                             | 1,200.00                      | 9,200.00                      |

SEVENTY-FOUR THOUSAND SEVEN HUNDRED Total 7 Total SAR/المجموع غير شامل الضريبة: 65,000.00  
FIFTY SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 9,750.00  
الكمية: Net Amount/المجموع: 74,750.00

Isar : Syed Arshad

General Manager

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

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P. O. Box 55177, Riyadh 11534, KSA  
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Fax : +966-11- 480 3034

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P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
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Al-Madina Branch :  
P. O. Box 2870 Madina - KSA  
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Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791

Hail Branch :  
Hail - KSA  
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Tel. : +966-16-326-311  
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E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

MAINT. SLS

SHIPPED TO/المنشأة المستلمة: 101133

JED

KING ABDOU AZIZ HOSPITAL (MAJAL)  
م. الملك عبد العزيز المحجر بجدة  
ONCOLOGY CENTER  
JEDDAH 21485  
SAUDI ARABIA

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25155940 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800651806 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: 2nd Payment 2020 Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 29.10.2020

Invoice No./رقم الفاتورة: 1090008864  
TAX INVOICE

## فاتورة ضريبية

| SKU ID<br>رقم المنتج | Item Description<br>وصف المنتج         | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c VAT<br>السعر الشريبي | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|----------------------|----------------------------------------|---------------------------|---------------|---------------------------------|------------------------------|----------------------------|----------------------------|
| 8000000698           | NIDK MC300/500 Labor Contract          | 29.10.2020                | 1 EA          | 12,500.00                       | 15.00%                       | 1,875.00                   | 14,375.00                  |
| 8000000740           | NIDK YC1800/1600 Labor Contract        | 29.10.2020                | 1 EA          | 7,500.00                        | 15.00%                       | 1,125.00                   | 8,625.00                   |
| 8000000668           | ALCON INFINITI Labor Contract          | 29.10.2020                | 1 EA          | 11,500.00                       | 15.00%                       | 1,725.00                   | 13,225.00                  |
| 8000000812           | HAAG OCTOPUS-900 Labor Contract        | 29.10.2020                | 1 EA          | 9,000.00                        | 15.00%                       | 1,350.00                   | 10,350.00                  |
| 8000000776           | KOWA-VX10/101/20 Labor Contract        | 29.10.2020                | 1 EA          | 9,000.00                        | 15.00%                       | 1,350.00                   | 10,350.00                  |
| 8000002289           | NIDK AL-SCAN Labor Contract            | 29.10.2020                | 1 EA          | 7,500.00                        | 15.00%                       | 1,125.00                   | 8,625.00                   |
| 8000002138           | Natus RETCAM SHUTTLE 2/3 LABOR CONTRAC | 29.10.2020                | 1 EA          | 8,000.00                        | 15.00%                       | 1,200.00                   | 9,200.00                   |

SEVENTY-FOUR THOUSAND SEVEN HUNDRED FIFTY SAUDI RIYAL ONLY Total Quantity الكمية: 7  
Total SAR/المجموع غير شامل الضريبة: 65,000.00  
VAT SAR/ضريبة القيمة المضافة: 9,750.00  
Net Amount/المجموع: 74,750.00

User : Uyed Arshad

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289  
Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel.: +966-11-480 0407 Fax: +966-11-480 3034  
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Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel.: +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA Tel.: +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch : Hail - KSA Tel.: +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KS Tel.: +966-16-326-31 Fax: +966-16-326-71  
E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O. BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 1 of 1

MAINT. SLS

SHIPPED TO/المستلمة: 101134

JED

م. الملك عبد العزيز المحجر بجدة

ONCOLOGY CENTER

JEDDAH 21485

SAUDI ARABIA

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25155940

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800051800

Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: 2nd Payment

Contact Person/شخص الاتصال:

29.10.2020

Invoice Date/تاريخ الفاتورة:

رقم الفاتورة: 1000008864

TAX INVOICE

فاتورة ضريبية

| Invoice No.<br>رقم الفاتورة | Item Description<br>وصف الصنف          | Del Date<br>تاريخ التوريد | Qty<br>الكمية | Unit Price<br>السعر | VAT %<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total VAT<br>الاجمالي VAT |
|-----------------------------|----------------------------------------|---------------------------|---------------|---------------------|-------------------------------|----------------------------|---------------------------|
| 8000000000                  | NIDK MC100/500 Labor Contract          | 29.10.2020                | 1             | 12,500.00           | 15.00%                        | 1,875.00                   | 14,375.00                 |
| 80000000740                 | NIDK YC1800/1600 Labor Contract        | 29.10.2020                | 1             | 7,500.00            | 15.00%                        | 1,125.00                   | 8,625.00                  |
| 80000000668                 | ALCON INFINITI Labor Contract          | 29.10.2020                | 1             | 11,500.00           | 15.00%                        | 1,725.00                   | 13,225.00                 |
| 80000000812                 | HAAG OCTOPUS-900 Labor Contract        | 29.10.2020                | 1             | 9,000.00            | 15.00%                        | 1,350.00                   | 10,350.00                 |
| 80000000776                 | KOWA VX10/101/20 Labor Contract        | 29.10.2020                | 1             | 9,000.00            | 15.00%                        | 1,350.00                   | 10,350.00                 |
| 80000002289                 | NIDK AL-SCAN Labor Contract            | 29.10.2020                | 1             | 7,500.00            | 15.00%                        | 1,125.00                   | 8,625.00                  |
| 80000002138                 | Natus RETCAM SHUTTLE 2/3 LABOR CONTRAC | 29.10.2020                | 1             | 8,000.00            | 15.00%                        | 1,200.00                   | 9,200.00                  |

SEVENTY-FOUR THOUSAND SEVEN HUNDRED Total 7 Total SAR/المجموع غير شامل الضريبة: 65,000.00  
FIFTY SAUDI RIYAL ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 9,750.00  
الكمية: Net Amount/المجموع: 74,750.00

General Manager

Head Office: Jeddah :  
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Customer: VAF, Thar. الرقم الضريبي للزبون: 10023148151000001  
رقم الحساب: 10023148151000001  
شروط البيع: Payment Terms  
الشخص المتصل: Contact Person  
الفاكس: Fax  
الفاكس: Fax

**TAX INVOICE**

**فاتورة ضريبة**

| رقم الفاتورة      | وصف البضاعة       | كمية | السعر      | الضريبة | المجموع | الضريبة | المجموع |
|-------------------|-------------------|------|------------|---------|---------|---------|---------|
| Invoice No.       | Description       | Qty  | Unit Price | VAT     | Total   | VAT     | Total   |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |
| 10023148151000001 | 10023148151000001 | 1    | 1000.00    | 10.00   | 1010.00 | 10.00   | 1010.00 |

شركة الأمين للتجهيزات الطبية والعلمية  
P.O. Box 3371 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax : +966-12-660 1146  
KINGDOM WIDE 920028289  
E-Mail : ksa@amicogroup.com www.amicogroup.com





**Al Amin Medical Instruments Co. Ltd.**

تاريخ: ١٤٤٠هـ / ٢٠١٩م

## فائزورة فريسيية

شركة ذات مسئولية محدودة - س.ت : ٤٣٠٠٤٢٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨٠

997A.

**Head Office: Jeddah :**  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

**Riyadh Branch :**  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax. : +966-11- 480 3034

**Al-Khobar Branch :**  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax. : +966-13-899 4033

**Al-Madina Branch :**  
P. O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

**Abha Branch :**  
Al Rajhi Center - Khaldiya - Abha - KSA  
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Fax. : +966-17-228 8791

**Hail Branch :**  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax : +966-16-558-5080

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-311  
Fax. : +966-16-326-711

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)



## CREDIT NOTE

Voucher No : 1600000058

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

| NARRATION                                                                  |                                        | AMOUNT (SAR)            |
|----------------------------------------------------------------------------|----------------------------------------|-------------------------|
| 100315                                                                     | AL MAJAL AL ARABI FOR MAINT. JEDDA     | 66,279.25               |
|                                                                            | DISCOUNT ON INVOICES / ALMAJAL ALARABI |                         |
| SIXTY-SIX THOUSAND TWO HUNDRED SEVENTY-NINE AND 25/100 Saudi Riyal ONLY*** |                                        | <b>TOTAL:</b> 66,279.25 |



Accountant

Accounts Manager

General Manager



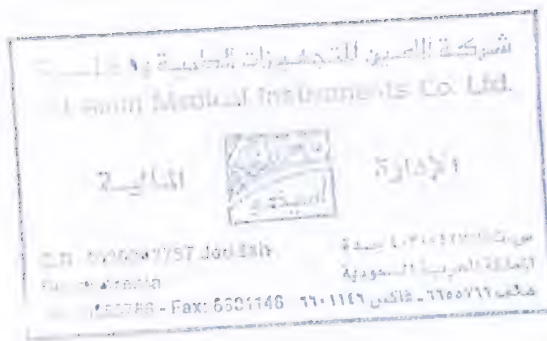
## CREDIT NOTE

Voucher No : 1600000072

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

| NARRATION                                                              |                                        | AMOUNT (SAR)            |
|------------------------------------------------------------------------|----------------------------------------|-------------------------|
| 100314                                                                 | AL MAJAL AL ARABI FOR MAINT. ABHA      | 26,616.62               |
|                                                                        | DISCOUNT ON INVOICES / ALMAJAL ALARABI |                         |
| TWENTY-SIX THOUSAND SIX HUNDRED SIXTEEN AND 62/100 Saudi Riyal ONLY*** |                                        | <b>TOTAL:</b> 26,616.62 |



Accountant

Accounts Manager

General Manager



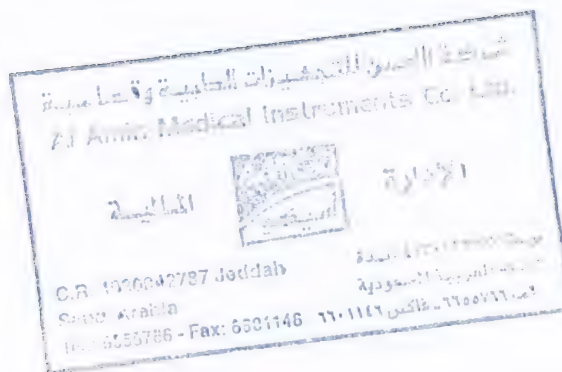
## CREDIT NOTE

Voucher No : 1600000071

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

| NARRATION                                                 |                                    | AMOUNT (SAR)     |
|-----------------------------------------------------------|------------------------------------|------------------|
| 100315                                                    | AL MAJAL AL ARABI FOR MAINT. JEDDA | 83,345.88        |
| DISCOUNT ON INVOICES / ALMAJAL ALARABI                    |                                    |                  |
| EIGHTY-THREE THOUSAND THREE HUNDRED FORTY-FIVE AND 88/100 |                                    | TOTAL: 83,345.88 |
| Saudi Riyal ONLY***                                       |                                    |                  |



Accountant

Accounts Manager

General Manager



## CREDIT NOTE

Voucher No : 1600000059

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

| NARRATION          |                                                  | AMOUNT (SAR)         |
|--------------------|--------------------------------------------------|----------------------|
| 100314             | AL MAJAL AL ARABI FOR MAINT. ABHA                | 690.00               |
|                    | DISCOUNT ON INVOICE 1090008613 / ALMAJAL ALARABI |                      |
| SIX HUNDRED NINETY | Saudi Riyal ONLY***                              | <b>TOTAL:</b> 690.00 |



Accountant

Accounts Manager

General Manager

User :Mr. Haithem Elmetwally

Timestamp :31.12.2020 12:24:00

Page No 1/1





التاريخ : 2020/12/31 .

الرقم الضريبي لشركة الامين الطبية : 300466305500003

اسم العميل : شركة المجال العربي  
العنوان : الرياض - المملكة العربية السعودية .

| المبلغ               | البيان             |
|----------------------|--------------------|
| 41,608.04 ريال سعودي | خصم تعجيل الدفع    |
| 6,241.21 ريال سعودي  | ضريبة القيمة (15%) |
| 47,849.24 ريال سعودي | الاجمالي           |

Voucher No. 1600000058 & 1600000059.

مدير الصيانة



Fax: +966-12-660 1146

Fax: +966-11-480 3034

Fax: +966-13-899 4033

Fax: +966-14-815 4742

Fax: +966-17-228 8791

Fax: +966-16-558-5080

Fax: +966-16-383-3861

callcenter@amicogroup.com - call center : 920026426 - [www.amicogroup.com](http://www.amicogroup.com)



**CREDIT NOTE / اشعار خصم دائن**

التاريخ : 2020/12/31 .

الرقم الضريبي لشركة الأمين الطبية : 300466305500003

اسم العميل : شركة المجال العربي

المحترمين.

العنوان : الرياض - المملكة العربية السعودية .

| المبلغ            | البيان            |
|-------------------|-------------------|
| 242.50 ريال سعودي | خصم تعجيل الدفع   |
| 0 ريال سعودي      | ضريبة القيمة (0%) |
| 242.50 ريال سعودي | الاجمالي          |

Voucher No. 1600000058 & 1600000059.

مدير الصيانة





**CREDIT NOTE / اشعار خصم دائن**

التاريخ : 2020/12/31 .

الرقم الضريبي لشركة الأمين الطبية : 300466305500003

اسم العميل : شركة المجال العربي  
المحترمين.  
العنوان : الرياض - المملكة العربية السعودية .

| المبلغ               | البيان            |
|----------------------|-------------------|
| 17,838.00 ريال سعودي | خصم تعجيل الدفع   |
| 891.90 ريال سعودي    | ضريبة القيمة (5%) |
| 18,729.90 ريال سعودي | الاجمالي          |

Voucher No. 1600000058 & 1600000059.

مدير الصيانة





Al Amin Maintenance for Medical Equipments Co. Ltd.

## CREDIT NOTE

Voucher No : 1600000058

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

|        | NARRATION                                                                     | AMOUNT (SAR)     |
|--------|-------------------------------------------------------------------------------|------------------|
| 100315 | AL MAJAL AL ARABI FOR MAINT. JEDDA                                            | 66,279.25        |
|        | DISCOUNT ON INVOICES / ALMAJAL ALARABI                                        |                  |
|        | SIXTY-SIX THOUSAND TWO HUNDRED SEVENTY-NINE AND 25/100 Saudi<br>Riyal ONLY*** | TOTAL: 66,279.25 |



Accountant

Accounts Manager

General Manager

User : Mr. Haithem Elmetwally

Timestamp : 31.12.2020 12:23:32

Page No 1/1



Al Amin Maintenance for Medical Equipments Co. Ltd.

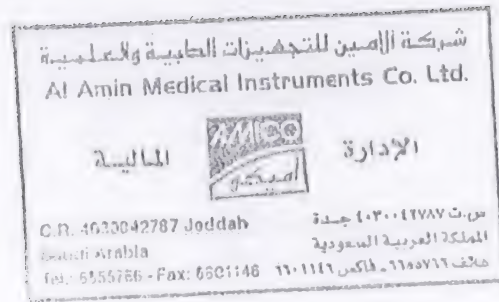
## CREDIT NOTE

Voucher No : 1600000059

Posting Date : 31.12.2020

We hereby Credit your account towards the following:

| NARRATION                                        |                                   | AMOUNT (SAR) |
|--------------------------------------------------|-----------------------------------|--------------|
| 100314                                           | AL MAJAL AL ARABI FOR MAINT. ABHA | 690.00       |
| DISCOUNT ON INVOICE 1090008613 / ALMAJAL ALARABI |                                   |              |
| SIX HUNDRED NINETY Saudi Riyal ONLY***           |                                   |              |
| TOTAL:                                           |                                   | 690.00       |



Accountant

Accounts Manager

General Manager

User : Mr. Haithem Elmetwally  
Timestamp : 31.12.2020 12:24:00

Page No 1/1



## الضريبة 15%

| Type     | Supplier Site Name | Invoice Type | Invoice Amount | Tax Amount | Prepaid Amount | Description |
|----------|--------------------|--------------|----------------|------------|----------------|-------------|
| Standard | supplier           | Supplier     | 4,476.95       | 583.95     | 3,893.00       | EGH-30      |
| Standard | supplier           | Supplier     | 37,092.10      | 4,838.10   | 32,254.00      | EHJ-28      |
| Standard | supplier           | Supplier     | 21,631.50      | 2,821.50   | 18,810.00      | EHJ-29      |
| Standard | supplier           | Supplier     | 40,480.00      | 5,280.00   | 35,200.00      | EHJ-34      |
| Standard | supplier           | Supplier     | 63,238.50      | 8,248.50   | 54,990.00      | EHJ-35      |
| Standard | supplier           | Supplier     | 64,631.15      | 8,430.15   | 56,201.00      | EHJ-36      |
| Standard | supplier           | Supplier     | 4,343.75       | 651.57     | 3,692.18       | EHJ-39      |
| Standard | supplier           | Supplier     | 3,450.00       | 450        | 3,000.00       | NMS-3-40    |
|          |                    |              |                |            | الصفائي        | 41,608.04   |
|          |                    |              |                |            | ضريبة 15%      | 6,241.21    |
|          |                    |              |                |            | الإجمالي       | 47,849.24   |

## الضريبة 0%

|          |          |          |          |   |          |        |
|----------|----------|----------|----------|---|----------|--------|
| Standard | supplier | Supplier | 1,212.50 | 0 | 1,212.50 | EHJ-39 |
|          |          |          |          |   | الصفائي  | 242.50 |
|          |          |          |          |   | ضريبة 0% | 0.00   |
|          |          |          |          |   | الإجمالي | 242.50 |

## الضريبة 5%

|          |          |          |           |          |           |             |
|----------|----------|----------|-----------|----------|-----------|-------------|
| Standard | supplier | Supplier | 66,018.75 | 3,143.75 | 62,875.00 | EHJ-12      |
| Standard | supplier | Supplier | 13,089.15 | 612.15   | 12,477.00 | EHJ-14      |
| Standard | supplier | Supplier | 1,404.90  | 66.9     | 1,338.00  | KAL-3-175   |
| Standard | supplier | Supplier | 13,125.00 | 625      | 12,500.00 | KFJ-179-D/M |
|          |          |          |           |          | الصفائي   | 17,838.00   |
|          |          |          |           |          | ضريبة 5%  | 891.9       |
|          |          |          |           |          | الإجمالي  | 18,729.90   |

66,821.64

Standard supplier 2,313.00  
Standard supplier 44,982.00  
Standard supplier 2,142.00



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA  
SHIPPED TO/المنشأة المستلمة: 101159  
KING FAISAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

Page 1 of 1

MAINT. SLS

TETO

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25158856 Billing Acct. No./رقم الحساب: 300661000  
Delivery No./رقم التوريد: 800661000 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: As per contract Contact Person/شخص الاتصال: 07.12.2020  
Invoice No./رقم الفاتورة: 1020009278 Invoice Date/التاريخ الفاتورة

## TAX INVOICE

## فاتورة ضريبية

| Ref<br>الترتيب | SKU ID<br>رقم المنتج    | Item Description<br>وصف المنتج | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|----------------|-------------------------|--------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|
| 0000000127     | NIDK UYC-1000K PS 1 PPM |                                | 07.12.2020                | 1<br>EA       | 7,800.00                                   | 5.00%                        | 375.00                     | 7,875.00                   |
| 80000003629    | / FRASTEMA Unit PS 1PPM |                                | 07.12.2020                | 1<br>EA       | 4,500.00                                   | 5.00%                        | 225.00                     | 4,725.00                   |
|                | Emergency               |                                |                           |               |                                            |                              |                            |                            |
| 80000003629    | / FRASTEMA Unit PS 1PPM |                                | 07.12.2020                | 1<br>EA       | 4,500.00                                   | 5.00%                        | 225.00                     | 4,725.00                   |
|                | Emergency               |                                |                           |               |                                            |                              |                            |                            |



SEVENTEEN THOUSAND THREE HUNDRED  
TWENTY-FIVE SAUDI RIYAL ONLY  
Total 3  
Quantity  
المجموع غير شامل الضريبة: 16,500.00  
ضريبة القيمة المضافة: 825.00  
المجموع/Net Amount: 17,325.00

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel. : +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289  
Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11- 480 0407 Fax: +966-11- 480 3034  
Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA Tel. : +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
Abha Branch : Al Rajhi Center - Khaldiya - Abha - KSA Tel. : +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch : Hail / KSA Tel. : +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KSA Tel. : +966-16-326-3115 Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.BILLED TO/الفاخرة الى: 100415  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجان العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 1

.MAINT. SLS

SHIPPED TO/المنشأة المستلمة: 101159

KING FAISAL HOSPITAL

مستشفى الملك فيصل

TAIF

TAIF 21485

SAUDI ARABIA

JED

Customer VAT No./الرقم الضريبي للزبون: 300466305500003

Billing Acct. No./رقم الحساب: 25158856

Delivery No./رقم التوريد: 8000001000

PO NO./رقم طلب الشراء: As per contract

Invoice No./رقم الفاتورة: 1090009278

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب: 25158856

Payment terms/شروط الدفع: Payable within 90 Days

Contact Person/شخص الاتصال: 07.12.2020

Invoice Date/تاريخ الفاتورة: 07.12.2020

## TAX INVOICE

## فاتورة ضريبية

| QTY    | Unit Price w/ VAT | VAT %                | VAT Amount   | Total with VAT |
|--------|-------------------|----------------------|--------------|----------------|
| الكمية | السعر             | ضريبة القيمة المضافة | قيمة الضريبة | الإجمالي       |
| 1      | 7,500.00          | 5.00%                | 375.00       | 7,875.00       |
| EA     |                   |                      |              |                |
| 1      | 4,500.00          | 5.00%                | 225.00       | 4,725.00       |
| EA     |                   |                      |              |                |
| 1      | 4,500.00          | 5.00%                | 225.00       | 4,725.00       |
| EA     |                   |                      |              |                |

TOTAL QUANTITY THREE HUNDRED AND FIVE SAUDI RIAL ONLY

Total

Quantity

الكمية

Total SAR/المجموع غير شامل الضريبة: 10,500.00

VAT SAR/ضريبة القيمة المضافة: 325.00

Net Amount/المجموع: 11,325.00

Head Office: Jeddah :

Box 3871 Jeddah 21481 - KSA

+966-12-660 1149 / 685 5766

+966-12-660 1146

SDOM WIDE 920028289

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11-480 0407

Fax : +966-11-480 3034

Al-Khobar Branch :

P. O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax : +966-13-899 4033

Al-Madina Branch :

P. O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

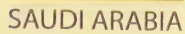
Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com

www.amicogroup.com

General Manager





**Al Amin Medical Instruments Co. Ltd.**

SHIPPED TO/المغاسة المقتلة: 101159

SAUDI ARABIA

100500 100500 100500

MAINT. SLS

### THEY

*(Faint handwritten text)*

شركة ذات مسئولية محدودة - س.ت: ٣٠٤٣٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨

KINGDOM WIDE 920028289

1-800-10-0000

Fax: 1-900-14-815 4742

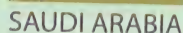
Fax. : +966-17-228 8791

Fax. : +966-16-558-5080

Fax. : +966-16-326-7115

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)





**Al Amin Medical Instruments Co. Ltd.**

SHIPPED TO/المستلمة : 107159

مسئله فی السطحة فیصل

14.13

TABLE 21469

PAULI ABALLA

MAINT. SLS

1064

Customer VAT No./الرقم الضريبي للزبون 300231461510000

Drilling Accel. No. 70450

Payment terms / شروط الدفع:

Payable within 90 days

TAX TRENDS

desse övrigt

شركة ذات مسئولية محدودة - س.ت : ٤٣٠٠٤٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - ع.ت. : ١٦٨٠

P.O.Box 3871 Jeddah 21481 - KSA

fax: +966-12-660 1146

P. O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11- 480 0407

Fax. : +966-11- 480 3034

P. O. Box 30047, Al-Khobar 31952, KSA

Tel. : +966-13-864 2911 / 864 3587

Fax. : +966-13-899 4033

**Al-Madina Branch :**

Tel : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Fax: 1-800-14-6154/4742

Abha Branch :

Al Rajhi Center - Khalidiya  
Tel.: +966 43 888 8788

Tel. : +966-17-228 8790  
Fax : +966-17-228 8791

Fax: +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax. : +966-16-558-5080

**Qassim Branch :**

Qassim - Buraidah - KSA.

Tel. : +966-16-326-3115

Fax. : +966-16-326-7115

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)    [www.amicogroup.com](http://www.amicogroup.com)

[www.amicogroup.com](http://www.amicogroup.com)



AMICO VAT No./الرقم الضريبي: 300466305500003  
BO No./رقم طلب البيع: 25158202  
Delivery No./رقم التوريد: 000659325  
PO NO./رقم طلب الشراء: 2nd Payment  
2020

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/شخص الاتصال:  
Invoice Date/تاريخ الفاتورة: 30.11.2020

Invoice No/رقم الفاتورة: 1090002197  
**TAX INVOICE**

**فاتورة ضريبية**

| رقم البند  | رقم الصف | Item Description<br>وصف الصف    | Del Date<br>تاريخ التوريد | QTY<br>الكمية | Unit Price w/VAT<br>السعر الفردي دون الضريبة | VAT %<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|------------|----------|---------------------------------|---------------------------|---------------|----------------------------------------------|-------------------------------|----------------------------|----------------------------|
| 8000000776 |          | KOWA-VX10/10I/20 Labor Contract | 30.11.2020                | 1 EA          | 7,272.63                                     | 5.00%                         | 363.63                     | 7,636.26                   |
| 8000000812 |          | HAAG OCTOPUS-900 Labor Contract | 30.11.2020                | 2 EA          | 6,909.09                                     | 5.00%                         | 690.91                     | 14,509.09                  |
| 8000002967 |          | LUNE-SIRIUS Labor Contract      | 30.11.2020                | 1 EA          | 6,545.45                                     | 5.00%                         | 327.27                     | 6,872.72                   |
| 8000000668 |          | ALCON INFINITI Labor Contract   | 30.11.2020                | 2 EA          | 8,363.64                                     | 5.00%                         | 836.36                     | 17,563.64                  |
| 8000000734 |          | NILK DC3300E Labor contract     | 30.11.2020                | 1 EA          | 8,363.64                                     | 5.00%                         | 418.18                     | 8,781.82                   |
| 8000000728 |          | NIDK GYC-1000K Labor Contract   | 30.11.2020                | 1 EA          | 8,363.64                                     | 5.00%                         | 418.18                     | 8,781.82                   |
| 8000003912 |          | OPTOS DAYTONA LABOR CONTRACT    | 30.11.2020                | 1 EA          | 6,545.45                                     | 5.00%                         | 327.27                     | 6,872.72                   |
| 8000000800 |          | NIDK CEM 530 Labor Contract     | 30.11.2020                | 1 EA          | 6,909.09                                     | 5.00%                         | 345.45                     | 7,254.54                   |
| 8000002166 |          | MORI- Labor CONTRACT            | 30.11.2020                | 1 EA          | 9,818.18                                     | 5.00%                         | 490.91                     | 10,309.09                  |
| 8000003707 |          | FRATEMA Unit Labor Contract     | 30.11.2020                | 19 EA         | 4,363.64                                     | 5.00%                         | 4,145.47                   | 87,054.63                  |
| 8000000842 |          | NIDK ARK-SERIES Labor           | 30.11.2020                | 10            | 3,272.73                                     | 5.00%                         | 1,636.37                   | 34,363.67                  |



Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
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Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11-480 0407  
Fax : +966-11-480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-884 2911 / 884 3587  
Fax : +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870 Madina - KSA  
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Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791

Hail Branch :

Hail - KSA  
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Fax : +966-16-558-5080

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Fax : +966-16-326-7115

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شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاخرة الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

MAIN. SLS

SHIPPED TO/المنشأة المستلمة: 101103

JEDDAH EYE HOSPITAL (JED)  
مستشفى العين - جدة (عدسات زرع)  
P.O.BOX#13312  
JEDDAH 21485  
SAUDI ARABIA

Customer VAT No./الرقم الضريبي: 300466305500003  
Billing Acct. No./رقم طلب البيع: 25158202  
Payment terms/شروط الدفع: 2nd Payment  
PO NO./رقم طلب الشراء: 2020

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
Billing Acct. No./رقم الحساب: 25158202  
Payment terms/شروط الدفع: Payable within 90 Days  
Contact Person/الشخص للاتصال: 50.11.2020  
Invoice Date/تاريخ الفاتورة: 2020

TAX INVOICE

فاتورة ضريبية

| رقم الفاتورة | وصف البضاعة                     | تاريخ التوريد | الكمية | السعر الفردي دون الضريبة | القيمة المضافة | قيمة الضريبة | Total with VAT |
|--------------|---------------------------------|---------------|--------|--------------------------|----------------|--------------|----------------|
| 80000000715  | KWA VX10/101/20 Labor Contract  | 30.11.2020    | 1 EA   | 7,272.63                 | 5.00%          | 363.63       | 7,636.26       |
| 80000000812  | HAAG OCTOPUS-900 Labor Contract | 30.11.2020    | 2 EA   | 6,909.09                 | 5.00%          | 690.91       | 14,509.09      |
| 80000002967  | LUNE-SIRIUS Labor Contract      | 30.11.2020    | 1 EA   | 6,545.45                 | 5.00%          | 327.27       | 6,872.72       |
| 80000000668  | ALCON INFINITI Labor Contract   | 30.11.2020    | 2 EA   | 8,363.64                 | 5.00%          | 836.36       | 17,563.64      |
| 80000000734  | NIDK DC3300E Labor Contract     | 30.11.2020    | 1 EA   | 8,363.64                 | 5.00%          | 418.18       | 8,781.82       |
| 80000000728  | NIDK GYC-1000K Labor Contract   | 30.11.2020    | 1 EA   | 8,363.64                 | 5.00%          | 418.18       | 8,781.82       |
| 800000003912 | OPTOS DAYTONA LABOR CONTRACT    | 30.11.2020    | 1 EA   | 6,545.45                 | 5.00%          | 327.27       | 6,872.72       |
| 80000000800  | NIDK CBM 530 Labor Contract     | 30.11.2020    | 1 EA   | 6,909.09                 | 5.00%          | 345.45       | 7,254.54       |
| 80000002166  | MORI- Labor CONTRACT            | 30.11.2020    | 1 EA   | 9,818.18                 | 5.00%          | 490.91       | 10,309.09      |
| 80000000707  | FRATEMA Unit Labor Contract     | 30.11.2020    | 19 EA  | 4,363.64                 | 5.00%          | 4,145.47     | 87,054.63      |
| 80000000842  | NIDK ARK-SERIES Labor           | 30.11.2020    | 10     | 3,272.73                 | 5.00%          | 1,636.37     | 34,363.67      |

Head Office: Jeddah : P.O.Box 3871 Jeddah, 21481 - KSA  
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KINGDOM WIDE 920028289

Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax. : +966-11- 480 3034

Al-Khobar Branch : P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax. : +966-13-899 4033

Al-Madina Branch : P.O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax. : +966-17-228 8791

Hail Branch : Hail - KSA  
Tel. : +966-16-558-6266  
Fax. : +966-16-558-5080

Qassim Branch : Qassim - Buraidah - KSA  
Tel. : +966-16-32  
Fax. : +966-16-32

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاصلة الى: 100115  
AL MAJAL AL ARABI FOR MAINT. JEDDAH  
المجال العربي للصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA  
SHIPPED TO/المستلمة: 100103

Page 1 of 2

MAINT. SLS

مستلمة الميكون جدة خدمات (زري)  
P.O. BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Customer VAT No.: 314615100000  
رقم العميل للميكون: 314615100000  
Payment Terms: 30 Days  
شروط الدفع: 30 يوم  
Invoice Date: 30.11.2020  
تاريخ الفاتورة: 30.11.2020

TAX INVOICE

فاتورة ضريبية

شركة ذات مسئولية محدودة - س.ت. : ٤٣٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨٠

| QTY         | Item Description                | Unit   | Date          | QTY    | Unit Price | VAT%    | VAT Amount   | Total with VAT |
|-------------|---------------------------------|--------|---------------|--------|------------|---------|--------------|----------------|
| كمية        | وصف البضاعة                     | الواحد | تاريخ التوريد | الكمية | السعر      | الضريبة | قيمة الضريبة | الإجمالي       |
| 6000000076  | ROWA VX10/101/20 Labor Contract | EA     | 30.11.2020    | 1      | 7,272.63   | 5.00%   | 363.63       | 7,636.26       |
| 60000000812 | HAAG OCTOPUS-900 Labor Contract | EA     | 30.11.2020    | 2      | 6,909.09   | 5.00%   | 690.91       | 14,509.09      |
| 60000002867 | LORE SIRIUS Labor Contract      | EA     | 30.11.2020    | 1      | 6,545.45   | 5.00%   | 327.27       | 6,872.72       |
| 60000000864 | ALCAN INFINITI Labor Contract   | EA     | 30.11.2020    | 2      | 8,363.64   | 5.00%   | 836.36       | 17,563.64      |
| 60000000764 | NIDE DUSADUE Labor Contract     | EA     | 30.11.2020    | 1      | 8,363.64   | 5.00%   | 418.18       | 8,781.82       |
| 60000000768 | NIDE GIV-10000 Labor Contract   | EA     | 30.11.2020    | 1      | 8,363.64   | 5.00%   | 418.18       | 8,781.82       |
| 60000000812 | OF PAX VAV P810 Labor Contract  | EA     | 30.11.2020    | 1      | 6,545.45   | 5.00%   | 327.27       | 6,872.72       |
| 60000000864 | NIDE CBB 1300 Labor Contract    | EA     | 30.11.2020    | 1      | 6,909.09   | 5.00%   | 345.45       | 7,254.54       |
| 60000000864 | NIDE Labor Contract             | EA     | 30.11.2020    | 1      | 7,818.18   | 5.00%   | 390.91       | 10,209.09      |
| 60000000864 | FRASIER Unit Labor Contract     | EA     | 30.11.2020    | 19     | 4,363.64   | 5.00%   | 4,145.47     | 87,054.00      |
| 60000000864 | NIDE AIB SERIES Labor Contract  | EA     | 30.11.2020    | 10     | 3,272.73   | 5.00%   | 1,636.37     | 34,363.63      |

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
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KINGDOM WIDE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel.: +966-11-480 0407  
Fax: +966-11-480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel.: +966-13-864 2911 / 864 3587  
Fax: +966-13-899 4033

Al-Madina Branch :  
P. O. Box 2870 Madina - KSA  
Tel.: +966-14-815 4244 / 815 2529  
Fax: +966-14-815 4742

Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel.: +966-17-228 8790  
Fax: +966-17-228 8791

Hail Branch :  
Hail - KSA  
Tel.: +966-16-558-6266  
Fax: +966-16-558-5080

Qassim Branch :  
Qassim - Buraldar  
Tel.: +966-16-3  
Fax: +966-16-3

E-Mail : ksa@amicogroup.com www.amicogroup.com



Page 1 of 2

MAINT. SLS

SHIPPED TO/المستلمة (الخطوة)

[illegible]

المصنف: القاضي

Payable within 90 days

[illegible]

# TAX INVOICE

## فاتورة ضريبة

شركة ذات مسئولية محدودة - ب.أ.أ. ٢٧٨٧: ٣٠٠ - ١١١ - ٢٠٠٤

**Qassim Branch**  
Qassim - Buraidah - I  
Tel. : +966-16-326  
Fax. : +966-16-326

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

.MAINT. SLS

SHIPPED TO/المشاة المستلمة: 101103

JED

JEDDAH EYE HOSPITAL (JED)  
مستشفى العيون - جدة (عدسات زرع)  
P.O.BOX#13312  
JEDDAH 21485  
SAUDI ARABIA

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25158202 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800659325 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: 2nd Payment 2020 Contact Person/شخص الاتصال: 30.11.2020  
Invoice No./رقم الفاتورة: 1090009197

Invoice Date/تاريخ الفاتورة:

TAX INVOICE

فاتورة ضريبية

| Ref     | SKU ID    | Item Description | Del Date      | QTY    | UPrice w/d | VAT%                 | VAT Amount   | Total with |
|---------|-----------|------------------|---------------|--------|------------|----------------------|--------------|------------|
| الترتيب | رقم الصنف | وصف الصنف        | تاريخ التوريد | الكمية | VAT        | ضريبة القيمة المضافة | قيمة الضريبة | الاجمالي   |
|         |           |                  |               |        | السعر      | القيمة               |              |            |
|         |           |                  |               |        | الضريبة    |                      |              |            |

Contract

EA



Handwritten signature and date 10/11/2020.

TWO HUNDRED TEN THOUSAND SAUDI RIYAL Total 40 Total SAR/المجموع غير شامل الضريبة: 200,000.00  
ONLY Quantity VAT SAR/ضريبة القيمة المضافة: 10,000.00  
الكمية: Net Amount/المجموع: 210,000.00

General Manager

Head Office: Jeddah : P.O. Box 3871 Jeddah 21481 - KSA Tel. : +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146  
Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11-480 0407 Fax: +966-11-480 3034  
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Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
Abha Branch : Al Rajhi Center - Khaldiya - Abha - KSA Tel. : +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch : Hail - KSA Tel. : +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KS Tel. : +966-16-326-31 Fax: +966-16-326-71

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شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة الى: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O. BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 2 of 2

MAINT. BLS

SHIPPED TO/المنشأة المستلمة: 101103

JEDDAH EYE HOSPITAL (EYE)

مستشفى العين - جدة (عدسات زرع)

P.O. BOX#13312

JEDDAH 21485

SAUDI ARABIA

AMICO VAT No./الرقم الضريبي: 300466305500003

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25158202

Billing Acct. No./رقم الحساب:

Payable within 90 Days

INVOICE No./رقم الفاتورة: 800659325

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

30.11.2020

PO NO./رقم طلب الشراء: 2nd Payment

2020

Invoice Date/تاريخ الفاتورة:

Invoice No./رقم الفاتورة: 1090002137

TAX INVOICE

فاتورة ضريبية

| Item ID<br>رقم البند | Item Description<br>الوصف البند | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الاجمالي |
|----------------------|---------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|
|----------------------|---------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|

Contract

EA

شركة ذات مسؤولية محدودة - س.م.ك. : ٤٣٠٠٠٤٧٧٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨٠

٢٠١٨ ٥ ٢٢

٢٠١٨ ٥ ٢٢

Total Quantity: 10  
Total Amount: 200,000.00 SAR

Total VAT: 10,000.00 SAR  
Net Amount: 210,000.00 SAR

General Manager

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch :  
P.O. Box 55177, Riyadh 11534, KSA  
Tel.: +966-11- 480 0407  
Fax.: +966-11- 480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel.: +966-13-864 2911 / 864 3587  
Fax.: +966-13-899 4033

Al-Madina Branch :  
P. O. Box 2870 Madina - KSA  
Tel.: +966-14-815 4244 / 815 2529  
Fax.: +966-14-815 4742

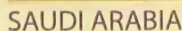
Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel.: +966-17-228 8790  
Fax.: +966-17-228 8791

Hail Branch :  
Hail - KSA  
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Fax.: +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel.: +966-16-326-3266  
Fax.: +966-16-326-3266

E-Mail : ksa@amicogroup.com www.amicogroup.com





1945-1946 245

payable within 90 days

TAX INVOICE

## فاتورة ضريبة

From 0 to 10

1000

[illegible]

100, 110

120, 130

1910-1911 A.D. March 29/30

|                         |                         |
|-------------------------|-------------------------|
| <b>Hail Branch :</b>    | <b>Qassim Branch</b>    |
| Hail - KSA              | Qassim - Buraidah - KSA |
| Tel. : +966-16-558-6266 | Tel. : +966-16-326-326  |
| Fax. : +966-16-558-5080 | Fax. : +966-16-326-326  |

KINGDOM WIDE 920028289

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)



شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

الفاكس: ٩٦٦-١١-٤٨٠٠٤٠٧

البريد الإلكتروني: info@amicogroup.com

البريد الإلكتروني: sales@amicogroup.com

البريد الإلكتروني: ksa@amicogroup.com

JEDDAH BRANCH

SHIPPED TO/العميل: JEDDAH

SHIPPED TO/العميل: JEDDAH

SHIPPED TO/العميل: JEDDAH

JEDDAH BRANCH

JEDDAH BRANCH

JEDDAH BRANCH

HAJILHT, 815

000

Amico VAT No./الرقم الضريبي: 300466304500003

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Bill No./رقم طلب العميل: 25158002

Billing Acct. No./رقم الحساب:

Payable within 90 Days

Bill No./رقم الضريبة: 000050025

Payment terms/شروط الدفع:

Contact Person/شخص الاتصال:

30.11.2020

Bill No./رقم طلب العميل: 2nd Payment

Invoice Date/تاريخ الفاتورة:

Invoice No./رقم الفاتورة: 000000107

TAX INVOICE

فاتورة ضريبة

| QTY    | Item Description | Unit   | Price | Net Total | VAT     | VAT Amount     | Total with VAT |
|--------|------------------|--------|-------|-----------|---------|----------------|----------------|
| الكمية | وصف المنتج       | الوحدة | السعر | القيمة    | الضريبة | القيمة الضريبة | الإجمالي VAT   |

شركة ذات مسؤولية محدودة - س.م.ك. - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨٠

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

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P.O. Box 55177, Riyadh 11534, KSA

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Fax : +966-11- 480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax : +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870, Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khaldiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KS

Tel. : +966-16-326-3

Fax : +966-16-326-7

E-Mail : ksa@amicogroup.com www.amicogroup.com



**CREDIT NOTE / اشعار خصم دائن**

التاريخ : 2019/11/20 .

الرقم الضريبي لشركة الأمين الطبية : 300466305500003

اسم العميل : شركة المجال العربي

المحترمين.

العنوان : الرياض - المملكة العربية السعودية .

الفاتورة 1090003876

| المبلغ            | البيان            |
|-------------------|-------------------|
| 375.00 ريال سعودي | خصم تعجيل الدفع   |
| 00.00 ريال سعودي  | ضريبة القيمة (5%) |
| 375.00 ريال سعودي | الاجمالي          |



**CREDIT NOTE / اشعار خصم دائن**

التاريخ : 2019/11/20 .

الرقم الضريبي لشركة الأمين الطبية : 300466305500003

اسم العميل : شركة المجال العربي المحترمين.

العنوان : الرياض – المملكة العربية السعودية .

الفواتير 1090005440 – 1090003172 – 1090005226 –  
1090004744 – 1090005013 – 1090004169

| المبلغ               | البيان            |
|----------------------|-------------------|
| 20,990.78 ريال سعودي | خصم تعجيل الدفع   |
| 1,004.79 ريال سعودي  | ضريبة القيمة (5%) |
| 22,990.99 ريال سعودي | الاجمالي          |





**CREDIT NOTE / اشعار خصم دائن**

التاريخ : 2019/11/20 .

الرقم الضريبي لشركة الأمين الطبية : 300466305500003

اسم العميل : شركة المجال العربي

المحترمين.

العنوان : الرياض – المملكة العربية السعودية .

الفاتورة 1090003035

| المبلغ               | البيان            |
|----------------------|-------------------|
| 18,000.00 ريال سعودي | خصم تعجيل الدفع   |
| 00.00 ريال سعودي     | ضريبة القيمة (5%) |
| 18,000.00 ريال سعودي | الاجمالي          |



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Tel. : +966-13-864 2911 / 864 3587  
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Fax: : +966-14-815 4742

Abha Branch :

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P.O.Box 55177 Qassim - 11534 - KSA  
Tel. : +966-16-382-3833  
Fax: : +966-16-383-3861

E-mail: ksa@amicogroup.com

www.amicogroup.com



38374 /17

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : <u>Jeddah Eye Hospital</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | Telephone :                  | Date : <u>21/04/2020</u>                     | Invoice#:   |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|----------------------------------------------|-------------|-------------|--------------|------|----|-------|------|--------------|-----------------|-------|--|--|--|----------|--|------|------|----|-------|------|-------|------|------|----|-------|------|-------|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|
| Address : <u>Jeddah</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Fax :                        | <input type="checkbox"/> PPM                 |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | P.O. # :                     | <input type="checkbox"/> Installation        |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Received thru:               | <input type="checkbox"/> Warranty            |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | SAP Service Call #:          | <input type="checkbox"/> Contract            |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Contact Person :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                              | <input type="checkbox"/> Paid Service        |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Model : <u>Constellation</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Serial #: <u>1403979801X</u> | Description <u>Anterior/Posterior System</u> |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Problem / Error :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Work Report : <u>PPM has been done as per check list.</u><br><u>machine's working well.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Description |                              |                                              | Price       |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Warranty Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Acceptance Date  | 1st PM                       | 2nd PM                                       | 3rd PM      |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | / / 20           | / / 20                       | / / 20                                       | / / 20      |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | / / 20           | / / 20                       | / / 20                                       | / / 20      |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| <table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6"></td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table> |                  |                              |                                              |             | Travel Time |              |      |    |       |      | Working Time |                 |       |  |  |  | Expenses |  | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  |  |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                              |                                              |             |             | Working Time |      |    |       |      |              | Expenses        |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From             | To                           | Total                                        | Unit        | Total       | Date         | From | To | Total | Unit | Total        | Date            | Total |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                              |                                              |             |             |              |      |    |       |      |              | Total Expenses: |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| <div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Note : Customer Engineer     |                                              | Date :      |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                                              | Stamp :     |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                              |                                              | Signature : |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |
| Engineer <u>Osama</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                              |                                              |             |             |              |      |    |       |      |              |                 |       |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |  |                 |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|------------------------------------------|--------|--------|--------------------------|------|----|-------|------|-------|---------|--|-------|
| Hospital / Clinic :<br>Jeddah Eye<br>Hospital                                                                                                                                                                                          | Telephone :         | Date :                                       | Invoice#:                                |        |        |                          |      |    |       |      |       |         |  |       |
| Address:<br>Jeddah                                                                                                                                                                                                                     | Fax :               | <input checked="" type="checkbox"/> PPM      |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        | P.O. # :            | <input type="checkbox"/> Installation        |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        | Received thru:      | <input type="checkbox"/> Warranty            |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Contact Person :                                                                                                                                                                                                                       | SAP Service Call #: | <input checked="" type="checkbox"/> Contract |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Paid Service        |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Model :<br>trabetome                                                                                                                                                                                                                   | Serial #: 100411    | Description                                  | High Freq. Generator<br>Glucoma machine. |        |        |                          |      |    |       |      |       |         |  |       |
| Problem / Error :                                                                                                                                                                                                                      |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Work Report :<br>PPM has been done as per check list.<br><br>Machine's working well.                                                                                                                                                   |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Qty.                                                                                                                                                                                                                                   | Part Description    |                                              | Part # Price                             |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Warranty Period: Invoice #                                                                                                                                                                                                             |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        | Acceptance Date     | 1st PM                                       | 2nd PM                                   | 3rd PM | 4th PM |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        | / / 20              | / / 20                                       | / / 20                                   | / / 20 | / / 20 |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        | / / 20              | / / 20                                       | / / 20                                   | / / 20 | / / 20 |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Travel Time Working Time Expenses                                                                                                                                                                                                      |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Date                                                                                                                                                                                                                                   | From                | To                                           | Total                                    | Unit   | Total  | Date                     | From | To | Total | Unit | Total | Date    |  | Total |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
|                                                                                                                                                                                                                                        |                     |                                              |                                          |        |        |                          |      |    |       |      |       |         |  |       |
| Total Travel                                                                                                                                                                                                                           |                     |                                              |                                          |        |        | Total Expenses:          |      |    |       |      |       |         |  |       |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                      |                     |                                              |                                          |        |        | Note : Customer Engineer |      |    |       |      |       | Date :  |  |       |
| Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                     |                     |                                              |                                          |        |        | Signature :              |      |    |       |      |       | Stamp : |  |       |
| Enclosed                                                                                                                                                                                                                               |                     |                                              |                                          |        |        | Signature :              |      |    |       |      |       | Stamp : |  |       |
| Engineer Osama                                                                                                                                                                                                                         |                     |                                              |                                          |        |        | Signature :              |      |    |       |      |       | Stamp : |  |       |

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Hail - KSA

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E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)

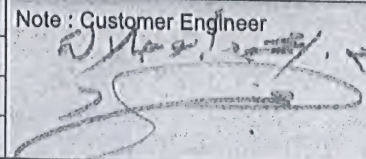
Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



38373 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|----------------------------------------------|-----------|-------|-------------------------------------------------------------------------------------|------|----|-------|------|-------|-----------------|--|-------|--|--|--|
| Hospital / Clinic : <b>Jeddah Eye Hospital</b>                                                                                                                                                                                         |                        | Telephone :                   | Date : <b>21/04/2020</b>                     | Invoice#: |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Address : <b>Jeddah</b>                                                                                                                                                                                                                |                        | Fax :                         | <input checked="" type="checkbox"/> PPM      |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        | P.O. # :                      | <input type="checkbox"/> Installation        |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        | Received thru:                | <input type="checkbox"/> Warranty            |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        | SAP Service Call #:           | <input checked="" type="checkbox"/> Contract |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Contact Person :                                                                                                                                                                                                                       |                        |                               | <input type="checkbox"/> Paid Service        |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Model : <b>E2</b>                                                                                                                                                                                                                      | Serial # : <b>2669</b> | Description <b>Endo Laser</b> |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Problem / Error :                                                                                                                                                                                                                      |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Work Report : <b>PPM has been done as per check list.</b>                                                                                                                                                                              |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| <b>Machines working well.</b>                                                                                                                                                                                                          |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Qty.                                                                                                                                                                                                                                   | Part Description       |                               |                                              | Price     |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Warranty Period:                                                                                                                                                                                                                       |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Invoice #                                                                                                                                                                                                                              |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Acceptance Date                                                                                                                                                                                                                        | 1st PM                 | 2nd PM                        | 3rd PM                                       | 4th PM    |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| / / 20                                                                                                                                                                                                                                 | / / 20                 | / / 20                        | / / 20                                       | / / 20    |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Date                                                                                                                                                                                                                                   | / / 20                 | / / 20                        | / / 20                                       | / / 20    |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Travel Time                                                                                                                                                                                                                            |                        |                               |                                              |           |       | Working Time                                                                        |      |    |       |      |       | Expenses        |  |       |  |  |  |
| Date                                                                                                                                                                                                                                   | From                   | To                            | Total                                        | Unit      | Total | Date                                                                                | From | To | Total | Unit | Total | Date            |  | Total |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
|                                                                                                                                                                                                                                        |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |
| Total Travel                                                                                                                                                                                                                           |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       | Total Expenses: |  |       |  |  |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                      |                        |                               |                                              |           |       | Note : Customer Engineer                                                            |      |    |       |      |       | Date :          |  |       |  |  |  |
| Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                     |                        |                               |                                              |           |       |  |      |    |       |      |       | Stamp :         |  |       |  |  |  |
| Enclosed                                                                                                                                                                                                                               |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       | Signature :     |  |       |  |  |  |
| Engineer <b>Osama</b>                                                                                                                                                                                                                  |                        |                               |                                              |           |       |                                                                                     |      |    |       |      |       |                 |  |       |  |  |  |

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Abha Branch :  
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Fax: +966-17-228 8791

Hail Branch :  
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Fax: +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



38375 117

|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------|-----------------------------------------|-----------|
| Hospital / Clinic :                                                                                                                                                                                                                    | Jeddah                                  | Telephone :                            |                          | Date : 21/04/2026                       | Invoice#: |
| Address                                                                                                                                                                                                                                | Eye Hospital                            | Fax :                                  |                          | <input checked="" type="checkbox"/> PPM |           |
|                                                                                                                                                                                                                                        | Jeddah                                  | P.O. #:                                |                          | <input type="checkbox"/> Installation   |           |
| Contact Person :                                                                                                                                                                                                                       |                                         | Received thru:                         |                          | <input type="checkbox"/> Warranty       |           |
|                                                                                                                                                                                                                                        |                                         | SAP Service Call #:                    |                          | <input type="checkbox"/> Contract       |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          | <input type="checkbox"/> Paid Service   |           |
| Model :                                                                                                                                                                                                                                | Reticom Pattern                         | Serial #: 44-99-311014                 | Description reticom.     |                                         |           |
| Problem / Error :                                                                                                                                                                                                                      |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
| Work Report :                                                                                                                                                                                                                          |                                         |                                        |                          |                                         |           |
| PPM done as per check list.                                                                                                                                                                                                            |                                         |                                        |                          |                                         |           |
| machines working well.                                                                                                                                                                                                                 |                                         |                                        |                          |                                         |           |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                                         |                                        |                          |                                         |           |
| Qty.                                                                                                                                                                                                                                   | Part Description                        |                                        |                          | Part #                                  | Price     |
|                                                                                                                                                                                                                                        | Red Eye                                 |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
| Warranty Period:                                                                                                                                                                                                                       |                                         |                                        |                          |                                         |           |
| 44-99-311014 Invoice #                                                                                                                                                                                                                 |                                         |                                        |                          |                                         |           |
| Acceptance Date                                                                                                                                                                                                                        | 1st PM                                  |                                        | 2nd PM                   |                                         | 3rd PM    |
| / / 20                                                                                                                                                                                                                                 | / / 20                                  |                                        | / / 20                   |                                         | / / 20    |
|                                                                                                                                                                                                                                        | / / 20                                  |                                        | / / 20                   |                                         | / / 20    |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
| Travel Time Working Time Expenses                                                                                                                                                                                                      |                                         |                                        |                          |                                         |           |
| Date                                                                                                                                                                                                                                   | From                                    | To                                     | Total                    | Unit                                    | Total     |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
|                                                                                                                                                                                                                                        |                                         |                                        |                          |                                         |           |
| Total Travel                                                                                                                                                                                                                           |                                         |                                        | Total Expenses:          |                                         |           |
| Work Complete                                                                                                                                                                                                                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | Note : Customer Engineer | Date :                                  |           |
| Need Follow-up                                                                                                                                                                                                                         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |                          | Stamp :                                 |           |
| Enclosed                                                                                                                                                                                                                               |                                         |                                        |                          | Signature :                             |           |
| Engineer                                                                                                                                                                                                                               | Osama                                   |                                        |                          |                                         |           |

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Al-Madina Branch :

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Fax : +966-14-815 4742

Abbe Branch:

Abha Branch:  
Al Rajhi Co., Ltd. Kheifra, Abha, KSA

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Fax : +966-17-228 8791

### Heil Beach:

Hail Br  
Mo. 3. KCA

Tel : +968-16-558-6266

Fax : +966-16-559-5080

### Appendix B

**Qassim Branch :**  
Qassim, Bahigah, KSA

Qassim - Buraldah - KSA  
Tel : +966 16 336 3115

Fax : +966 16 326 3115

E-Mail : [ksa@amcogroup.com](mailto:ksa@amcogroup.com)    [www.amcogroup.com](http://www.amcogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



38372 /17

Customer  
SERVICE REPORTشركة الأمين لصيانة الأجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|--------------------------|----------------------------------------------|--------|-----------------|-------|
| Hospital / Clinic : <u>Jeddah Eye Hospital</u>                                                                                                                                                                                         |                  | Telephone :               |                          | Date : <u>14/04/2020</u>                     |        | Invoice#:       |       |
| Address : <u>Jeddah</u>                                                                                                                                                                                                                |                  | Fax :                     |                          | <input checked="" type="checkbox"/> PPM      |        |                 |       |
|                                                                                                                                                                                                                                        |                  | P.O. #:                   |                          | <input type="checkbox"/> Installation        |        |                 |       |
|                                                                                                                                                                                                                                        |                  | Received thru:            |                          | <input type="checkbox"/> Warranty            |        |                 |       |
|                                                                                                                                                                                                                                        |                  | SAP Service Call #:       |                          | <input checked="" type="checkbox"/> Contract |        |                 |       |
| Contact Person :                                                                                                                                                                                                                       |                  |                           |                          | <input type="checkbox"/> Paid Service        |        |                 |       |
| Model : <u>MegaPulse</u>                                                                                                                                                                                                               |                  | Serial #: <u>ME028001</u> |                          | Description : <u>Coatory</u>                 |        |                 |       |
| Problem / Error :                                                                                                                                                                                                                      |                  |                           |                          |                                              |        |                 |       |
| Work Report : <u>PPM has been done as per check list.</u>                                                                                                                                                                              |                  |                           |                          |                                              |        |                 |       |
| <u>Machine's working well.</u>                                                                                                                                                                                                         |                  |                           |                          |                                              |        |                 |       |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                           |                          |                                              |        |                 |       |
| Qty.                                                                                                                                                                                                                                   | Part Description |                           |                          |                                              |        | Part #          | Price |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
| Warranty Period:                                                                                                                                                                                                                       |                  |                           |                          |                                              |        |                 |       |
| Invoice #                                                                                                                                                                                                                              |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        | Acceptance Date  | 1st PM                    | 2nd PM                   | 3rd PM                                       | 4th PM |                 |       |
|                                                                                                                                                                                                                                        | / / 20           | / / 20                    | / / 20                   | / / 20                                       | / / 20 |                 |       |
|                                                                                                                                                                                                                                        | / / 20           | / / 20                    | / / 20                   | / / 20                                       | / / 20 |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
| Travel Time                                                                                                                                                                                                                            |                  |                           | Working Time             |                                              |        | Expenses        |       |
| Date                                                                                                                                                                                                                                   | From             | To                        | Total                    | Unit                                         | Total  | Date            | Total |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
|                                                                                                                                                                                                                                        |                  |                           |                          |                                              |        |                 |       |
| Total Travel                                                                                                                                                                                                                           |                  |                           |                          |                                              |        | Total Expenses: |       |
| Work Complete                                                                                                                                                                                                                          |                  |                           | Note : Customer Engineer |                                              |        | Date :          |       |
| Need Follow-up                                                                                                                                                                                                                         |                  |                           | Signature : <u>Samir</u> |                                              |        | Stamp :         |       |
| Enclosed                                                                                                                                                                                                                               |                  |                           |                          |                                              |        | Signature :     |       |
| Engineer                                                                                                                                                                                                                               |                  |                           |                          |                                              |        |                 |       |

( Hotline 9200 - Amico / 9200-26426 )

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Qassim Branch :

Qassim - Buraidah - KSA

Tel.: +966-16-326 3115

Fax: +966-16-326 7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزون: 3002314615100003  
SO No./رقم طلب البيع: 25137658 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800585839 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: KEGH19-1 Contact Person/شخص الاتصال:  
Invoice No/رقم الفاتورة: 1090006493 Invoice Date/تاريخ الفاتورة: 23.12.2019

**TAX INVOICE**

**فاتورة ضريبية**

| SKU ID     | Item Description                        | Del Date      | QTY    | UPrice w/o VAT          | VAT%                 | VAT Amount   | Total with VAT |
|------------|-----------------------------------------|---------------|--------|-------------------------|----------------------|--------------|----------------|
| رقم الصنف  | وصف الصنف                               | تاريخ التوريد | الكمية | السعر الفري دون الضريبة | ضريبة القيمة المضافة | قيمة الضريبة | الاجمالي       |
| 8000001142 | FusionNav Silver                        | 23.12.2019    | 1      | 10,000.00               | 5.00%                | 500.00       | 10,500.00      |
|            |                                         |               | EA     |                         |                      |              |                |
| 8000001142 | FusionNav Silver                        | 23.12.2019    | 1      | 10,000.00               | 5.00%                | 500.00       | 10,500.00      |
|            |                                         |               | EA     |                         |                      |              |                |
| 8000001082 | BiologicOAE Silver                      | 23.12.2019    | 1      | 3,750.00                | 5.00%                | 187.50       | 3,937.50       |
|            |                                         |               | EA     |                         |                      |              |                |
| 8000000884 | WSH-CYNO-CYNERGY/VStar Labour S.C       | 23.12.2019    | 1      | 10,000.00               | 5.00%                | 500.00       | 10,500.00      |
|            |                                         |               | EA     |                         |                      |              |                |
| 8000000998 | WSH-CYNO-HOYA MedLite RevLite Labour S/ | 23.12.2019    | 1      | 10,000.00               | 5.00%                | 500.00       | 10,500.00      |
|            |                                         |               | EA     |                         |                      |              |                |
| 8000000878 | WSH-CYNO-ACCOLADE Labour Contract       | 23.12.2019    | 1      | 8,000.00                | 5.00%                | 400.00       | 8,400.00       |
|            |                                         |               | EA     |                         |                      |              |                |



FIFTY-FOUR THOUSAND THREE HUNDRED Total 6 Total SAR/المجموع غير شامل الضريبة: 51,750.00  
THIRTY-SEVEN AND 50/100 SAUDI RIYAL Quantity VAT SAR/ضريبة القيمة المضافة: 2,587.50  
ONLY الكمية: Net Amount/المجموع: 54,337.50

Net : 54,337.50

General Manager

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E-Mail : ksa@amicogroup.com www.amicogroup.com



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاتورة الى: 100315

AL MAJAL AL ARAEI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O. BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 1 of 1

MAINT. SLS

SHIPPED TO/المشاة المستلمة: 101145

KING FAHD GENERAL HOSPITAL

مستشفى الملك فهد العام

P.O. BOX 7897

JEDDAH 21485

SAUDI ARABIA

JEL

AMICO VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25137658

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800585839

Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: KFGH19-1

Contact Person/شخص الاتصال:

23.12.2019

Invoice No/رقم الفاتورة: 1090006493

Invoice Date/تاريخ الفاتورة:

## TAX INVOICE

## فاتورة ضريبية

| Item ID<br>رقم البند | Item Description<br>وصف البند              | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UP Price w/ VAT<br>السعر<br>الضريبة | VAT %<br>القيمة<br>الضريبة | VAT Amount<br>قيمة<br>الضريبة | Total with VAT<br>الاجمالي |
|----------------------|--------------------------------------------|---------------------------|---------------|-------------------------------------|----------------------------|-------------------------------|----------------------------|
| 80000001142          | FusionNav Silver                           | 23.12.2019                | 1             | 10,000.00                           | 5.00%                      | 500.00                        | 10,500.00                  |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |
| 80000001142          | FusionNav Silver                           | 23.12.2019                | 1             | 10,000.00                           | 5.00%                      | 500.00                        | 10,500.00                  |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |
| 80000001082          | BiologicOAE Silver                         | 23.12.2019                | 1             | 3,750.00                            | 5.00%                      | 187.50                        | 3,937.50                   |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |
| 80000000884          | WSH-CYNO-CYNERGY/VStar<br>Labour S.C       | 23.12.2019                | 1             | 10,000.00                           | 5.00%                      | 500.00                        | 10,500.00                  |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |
| 80000000998          | WSH-CYNO-HOYA MedLite<br>RevLite Labour S/ | 23.12.2019                | 1             | 10,000.00                           | 5.00%                      | 500.00                        | 10,500.00                  |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |
| 80000000878          | WSH-CYNO-ACCOLADE Labour<br>Contract       | 23.12.2019                | 1             | 8,000.00                            | 5.00%                      | 400.00                        | 8,400.00                   |
|                      | EA                                         |                           |               |                                     |                            |                               |                            |

FIFTY-FOUR THOUSAND THREE HUNDRED  
THIRTY SEVEN AND 50/100 SAUDI RIYAL  
ONLYTotal 6  
Quantity  
الكمية:المجموع غير شامل الضريبة: 51,750.00  
ضريبة القيمة المضافة: 2,587.50  
المجموع/Net Amount: 54,337.50

Page 1 of 1

General Manager

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AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الفاصلة الى: 100015

AL MAJAL AL ARABI FOR MAINT. JEDDAH

المجال العربي للصيانة - جدة

P.O. BOX 92872

JEDDAH 21455

SAUDI ARABIA

Page: 1 of 1

MAINT. BILL

SHIPPED TO/التمشاة المبللة: 100015

AL MAJAL AL ARABI FOR MAINT. JEDDAH

استقبلت البكيت في هذا العام

P.O. BOX 76977

JEDDAH 21455

SAUDI ARABIA

And 3% VAT No./الضريبة: 300460305500003 Customer VAT No./الضريبة للزبون: 3002314615100003  
 Billing Acct. No./رقم الحساب: 25137658  
 Delivery No./رقم التوريد: 300565039 Payment terms/شروط الدفع: Payable within 90 Days  
 PO NO./رقم طلب الشراء: KEGH19-1 Contact Person/شخص الاتصال:  
 Invoice No./رقم الفاتورة: 1090000493 Invoice Date/تاريخ الفاتورة: 23.12.2019

## TAX INVOICE

## فاتورة ضريبة

| Item No./رقم البكيت | Item Description/وصف البكيت            | Del Date/تاريخ التوريد | QTY/الكمية | OFFER W/C VAT/القيمة السعر | VAT% /الضريبة القيمة المضافة | VAT Amount/قيمة الضريبة | Total With VAT/الاجمالي |
|---------------------|----------------------------------------|------------------------|------------|----------------------------|------------------------------|-------------------------|-------------------------|
| 0000001142          | FusionHav Silver                       | 23.12.2019             | 1 EA       | 10,000.00                  | 5.00%                        | 500.00                  | 10,500.00               |
| 0000001142          | FusionHav Silver                       | 23.12.2019             | 1 EA       | 10,000.00                  | 5.00%                        | 500.00                  | 10,500.00               |
| 0000001091          | BiosonicAB Silver                      | 23.12.2019             | 1 EA       | 3,750.00                   | 5.00%                        | 187.50                  | 3,937.50                |
| 0000000084          | Wah CING CINEPRO/ VStar Labour         | 23.12.2019             | 1 EA       | 10,000.00                  | 5.00%                        | 500.00                  | 10,500.00               |
| 0000000083          | Wah CING Hela MedLite ReLite Labour 57 | 23.12.2019             | 1 EA       | 10,000.00                  | 5.00%                        | 500.00                  | 10,500.00               |
| 0000000076          | Wah CING ACCOLADE Labour               | 23.12.2019             | 1 EA       | 8,000.00                   | 5.00%                        | 400.00                  | 8,400.00                |

THIRTY FOUR THOUSAND THREE HUNDRED Total G المجموع غير شامل الضريبة: 51,750.00  
 SEVEN SEVEN AND SIX HUND SAUDI RIAL Quantity VAT SAR/القيمة المضافة: 2,587.50  
 Net Amount/المجموع: 54,337.50

General Manager

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289  
 Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11- 480 0407 Fax: +966-11- 480 3034  
 Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA Tel. : +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
 Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
 Abha Branch : Al Rajhi Center - Khaldiya - Abha - KSA Tel. : +966-17-228 8790 Fax: +966-17-228 8791  
 Hail Branch : Hail - KSA Tel. : +966-16-558-6266 Fax: +966-16-558-5080  
 Qassim Branch : Qassim - Buraidah - KS Tel. : +966-16-326-31 Fax: +966-16-326-71

E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسئولية محدودة - س.م.ك. ٤٧٧٧ - ٤٠٣٠ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٨٠





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/الفاكورة إلى: (000000)

AL MADJAL AL ARABI FOR MATHT, JEDDA

المجال العربي للسياحة - جدة

P.O. BOX 2883

SAUDI ARABIA

SHIPPED TO/المستلمة إلى: (000000)

AL MADJAL AL ARABI FOR MATHT, JEDDA

المجال العربي للسياحة - جدة

P.O. BOX 2883

SAUDI ARABIA

SAUDI ARABIA

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SAUDI ARABIA

# TAX INVOICE

## فاتورة ضريبية

| Item No./رقم البند | Item Description/وصف البند | Del. Date/تاريخ التوريد | QTY/الكمية | OFFICE W/ VAT/السعر | VAT% /ضريبة القيمة المضافة | VAT Amount/قيمة الضريبة | Total with VAT/الاجمالي |
|--------------------|----------------------------|-------------------------|------------|---------------------|----------------------------|-------------------------|-------------------------|
| 90000001142        | FusionRay Silver           | 23.12.2019              | 1          | 10,000.00           | 5.00%                      | 500.00                  | 10,500.00               |
| 90000001142        | FusionRay Silver           | 23.12.2019              | 1          | 10,000.00           | 5.00%                      | 500.00                  | 10,500.00               |
| 90000001002        | BiologicalAB Silver        | 23.12.2019              | 1          | 3,750.00            | 5.00%                      | 187.50                  | 3,937.50                |
| 90000000004        | WISH-CYNO-CYNERGY/VSolar   | 23.12.2019              | 1          | 10,000.00           | 5.00%                      | 500.00                  | 10,500.00               |
| 90000000006        | WISH-CYNO-ROTA RedLite     | 23.12.2019              | 1          | 10,000.00           | 5.00%                      | 500.00                  | 10,500.00               |
| 90000000008        | WISH-CYNO-ACQUADE Labouch  | 23.12.2019              | 1          | 8,000.00            | 5.00%                      | 400.00                  | 8,400.00                |

|                                        |          |   |                         |           |
|----------------------------------------|----------|---|-------------------------|-----------|
| NET TOTAL THREE THOUSAND THREE HUNDRED | Total    | 6 | Total SAR/شامل الضريبة: | 51,750.00 |
| NET SEVEN AND 50/100 SAUDI RIAL        | Quantity |   | ضريبة القيمة المضافة:   | 2,587.50  |
| NET                                    | الحجم:   |   | المجموع:                | 54,337.50 |

|                                                                                                                                                    |                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                                                                |                                                                                  |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Head Office: Jeddah :<br>P.O. Box 3871 Jeddah 21481 - KSA<br>Tel. : +966-12-660 1149 / 665 5766<br>Fax : +966-12-660 1146<br>INDGOM WIDE 920028289 | Riyadh Branch :<br>P. O. Box 55177, Riyadh 11534, KSA<br>Tel. : +966-11- 480 0407<br>Fax : +966-11- 480 3034 | Al-Khobar Branch :<br>P. O. Box 30047, Al Khobar 31952 - KSA<br>Tel. : +966-13-864 2911 / 864 3587<br>Fax : +966-13-899 4033 | Al-Madina Branch :<br>P. O. Box 2870 Madina - KSA<br>Tel. : +966-14-815 4244 / 815 2529<br>Fax : +966-14-815 4742 | Abha Branch :<br>Al Rajhi Center - Khalidiya - Abha - KSA<br>Tel. : +966-17-228 8790<br>Fax : +966-17-228 8791 | Hail Branch :<br>Hail - KSA<br>Tel. : +966-16-559-6266<br>Fax : +966-16-558-5080 | Qassim Branch :<br>Qassim - Buraidah - KSA<br>Tel. : +966-16-326-3115<br>Fax : +966-16-326-7115 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/إلى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 2 of 2

MAINT. SLS

SHIPPED TO/إلى المنشأة المستلمة: 101159

KING FAISAL HOSPITAL

مستشفى الملك فيصل

TAIF

TAIF 21485

SAUDI ARABIA

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25136256

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800580656

Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: 1nd PPM

Contact Person/شخص الاتصال:

04.12.2019

Invoice No./رقم الفاتورة: 1090006288

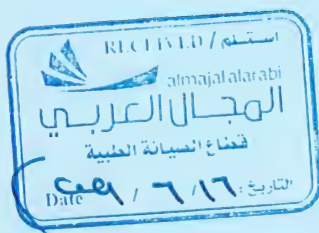
Invoice Date/تاريخ الفاتورة:

# TAX INVOICE

## فاتورة ضريبية

| Ref<br>البيان | SKU ID<br>رقم الصنف | Item Description<br>وصف الصنف | Del Date<br>تاريخ<br>التوريد | QTY<br>الكمية | UPrice w/d<br>VAT<br>السعر<br>الفردى دون<br>الضريبة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|---------------|---------------------|-------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
|---------------|---------------------|-------------------------------|------------------------------|---------------|-----------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|

EA



Handwritten signature and date: ٦ / ١٦ / ١٤٤٠

THIRTY-EIGHT THOUSAND SEVEN HUNDRED  
WENTY-FIVE SAUDI RIYAL ONLY

Total 16  
Quantity  
الكمية:

Total SAR/المجموع غير شامل الضريبة: 84,500.00  
ضريبة القيمة المضافة VAT SAR/المجموع: 4,225.00  
Net Amount/المجموع: 88,725.00

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel : +966-12-660 1149 / 665 5766

Fax : +966-12-660 1146

Kingdom Wide 920028289

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11- 480 0407

Fax : +966-11- 480 3034

Al-Khobar Branch :

P. O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax : +966-13-899 4033

Al-Madina Branch :

P. O. Box 2870, Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558 6266

Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraiddh - KSA

Tel. : +966-16-326 3115

Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



Amico VAT No./الضريبي: 300466305500003

Customer VAT No./الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25136256

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800500656

Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: 1nd PFM

Contact Person/شخص الاتصال:

04.12.2019

Invoice No./رقم الفاتورة: 1090006298

Invoice Date/تاريخ الفاتورة:

**TAX INVOICE**

**فاتورة ضريبية**

| Ref    | SKU ID     | Item Description | Del Date      | QTY    | UPrice w/o VAT | VAT%                 | VAT Amount   | Total with VAT |
|--------|------------|------------------|---------------|--------|----------------|----------------------|--------------|----------------|
| البيان | رقم المنتج | وصف المنتج       | تاريخ التوريد | الكمية | السعر          | ضريبة القيمة المضافة | قيمة الضريبة | الاجمالي       |

EA

EIGHTY-EIGHT THOUSAND SEVEN HUNDRED

Total 16

SEVENTY FIVE SAUDI RITAL ONLY

Quantity

الكمية:

Total SAP/المجموع غير شامل الضريبة: 84,500.00

ضريبة القيمة المضافة VAT SAR: 4,225.00

Net Amount/المجموع: 88,725.00

Lead Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel. : +966-12-660 1149 / 665 5766

Fax : +966-12-660 1146

INGDOM WIDE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11-480 0407

Fax : +966-11-480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax : +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558 6266

Fax : +966-16-558 5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326 3115

Fax : +966-16-326 7115



**AMICO**

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100315

Ab MADAL AL ARABI FOR KALIFA JEDDAH

المجال العربي للمعدات - جدة

P.O. BOX 92833

JEDDAH 21485

SAUDI ARABIA

Page 2 of 2

.MAINT. SLS

SHIPPED TO/المشاة المرسلة: 101159

KING FAISAL HOSPITAL

مستشفى الملك فيصل

TAIF

TAIF 21485

SAUDI ARABIA

JED

AMICO VAT No./الرقم الضريبي: 300466305500003

SO No./رقم طلب البيع: 25136256

رقم التوريد: 660580656

رقم طلب الشراء: Ind PEM

رقم الفاتورة: 1000000200

Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:

Payment terms/شروط الدفع:

Contact Person/الشخص المسؤول:

Payable within 90 Days

Invoice Date/تاريخ الفاتورة:

01.12.2013

**TAX INVOICE****فاتورة ضريبة**

| Item Description<br>وصف البضاعة | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UNIT PRICE<br>VAT<br>السعر<br>الأساسي | VAT<br>الضريبة<br>المضافة | VAT Amount<br>القيمة المضافة | Total with<br>VAT<br>الإجمالي |
|---------------------------------|---------------------------|---------------|---------------------------------------|---------------------------|------------------------------|-------------------------------|
|---------------------------------|---------------------------|---------------|---------------------------------------|---------------------------|------------------------------|-------------------------------|

16

Total

quantity

الكمية:

16

Total SAP/المجموع غير شامل الضريبة:

24,500.00

VAT SAP/القيمة المضافة:

4,225.00

Net Amount/المجموع:

28,725.00

Office: Jeddah :

P.O. Box 3871 Jeddah 21481 - KSA

Tel. : +966-11-480 5766

Fax. : +966-11-480 3034

TOLL FREE 800 1146

TOLL FREE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11-480 0407

Fax. : +966-11-480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

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Al-Madina Branch :

P.O. Box 2870 Madina - KSA

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Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

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Fax. : +966-17-228 8791

Hail Branch :

Hail - KSA

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Fax. : +966-16-558 5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326 3115

Fax. : +966-16-326 7115

E-Mail : ksa@amicogroup.com

www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 2 of 2

MAINT. SLS

SHIPPED TO/المستلمة: 101159  
KING FAISAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

JED

Amico VAT No./الرقم الضريبي: 300466305500003  
SO No./رقم طلب البيع: 25136256  
Invoice No./رقم الفاتورة: 000580056  
PO No./رقم طلب الشراء: 1nd FPM  
Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

Billing Acct. No./رقم الحساب:  
Payment terms/شروط الدفع: Payable within 90 DAYS  
Contact Person/شخص الاتصال:

Invoice Date/تاريخ الفاتورة: 01-17-2018

### TAX INVOICE

### فاتورة ضريبية

| Item | Item ID  | Item Description | Del Date | Qty    | Unit Price | VAT     | VAT Amount   | Total Value |
|------|----------|------------------|----------|--------|------------|---------|--------------|-------------|
| البن | رقم البن | وصف البن         | التاريخ  | الكمية | السعر      | الضريبة | قيمة الضريبة | الاجمالي    |
|      |          |                  |          |        |            |         |              |             |

LA

AMICO MEDICAL INSTRUMENTS CO. LTD.  
P.O. Box 92833 Jeddah 21485 Saudi Arabia

Quantity  
الكمية:

Total SAR/شامل الضريبة: 84,500.00  
VAT SAR/القيمة المضافة: 4,225.00  
Net Amount/المجموع: 88,725.00

Head Office: Jeddah :  
Box 3871 Jeddah 21481 - KSA  
Tel: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
TOD WIDE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel: +966-11- 480 0407  
Fax: +966-11- 480 3034

Al-Khobar Branch :  
P. O. Box 30047, Al Khobar 31952 - KSA  
Tel: +966-13-864 2911 / 864 3587  
Fax: +966-13-869 4033

Al-Madina Branch :  
P. O. Box 2870, Madina - KSA  
Tel: +966-14-815 4244 / 815 2529  
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Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel: +966-17-228 8790  
Fax: +966-17-228 8791

Hail Branch :  
Hail - KSA  
Tel: +966-16-558 5266  
Fax: +966-16-558 5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel: +966-16-326 3115  
Fax: +966-16-326 7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

K F H 19-1



شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315  
AL MAJAL AL ARABI FOR MAINT. JEDDA  
المجال العربي للصيانة - جدة  
P.O.BOX 92833  
JEDDAH 21485  
SAUDI ARABIA

Page 1 of 2

.MAINT. SLS

SHIPPED TO/المستلمة: 101159  
KING FAICAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21485  
SAUDI ARABIA

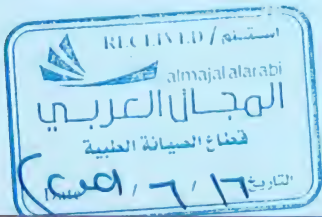
JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25136256 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800580656 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: 1nd PPM Contact Person/شخص الاتصال:  
Invoice No./رقم الفاتورة: 1090006288 Invoice Date/تاريخ الفاتورة: 04.12.2019

## TAX INVOICE

## فاتورة ضريبية

| Item ID<br>رقم المنتج | Item Description<br>وصف المنتج           | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/c VAT<br>السعر الفردي دون الضريبة | VAT%<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|-----------------------|------------------------------------------|---------------------------|---------------|--------------------------------------------|------------------------------|----------------------------|----------------------------|
| 8000000727            | GYC1000K PS 1 PPM                        | 04.12.2019                | 1<br>EA       | 7,500.00                                   | 5.00%                        | 375.00                     | 7,875.00                   |
| 8000000739            | YC1800/1600 PS 1 PPM                     | 04.12.2019                | 1<br>EA       | 7,500.00                                   | 5.00%                        | 375.00                     | 7,875.00                   |
| 80000003843           | WSH-Photomedix-Excimer-SilverPlus Contra | 04.12.2019                | 2<br>EA       | 12,500.00                                  | 5.00%                        | 1,250.00                   | 26,250.00                  |
| 80000000841           | ARKSeries PS 1 PPM                       | 04.12.2019                | 2<br>EA       | 3,500.00                                   | 5.00%                        | 350.00                     | 7,350.00                   |
| 80000000871           | NT510/530/4000 PS 1 PPM                  | 04.12.2019                | 2<br>EA       | 3,500.00                                   | 5.00%                        | 350.00                     | 7,350.00                   |
| 80000000829           | OPHFras-CU PS 1 PPM                      | 04.12.2019                | 2<br>EA       | 4,500.00                                   | 5.00%                        | 450.00                     | 9,450.00                   |
| 80000000835           | OPHReliance-CU PS 1 PPM                  | 04.12.2019                | 1<br>EA       | 4,500.00                                   | 5.00%                        | 225.00                     | 4,725.00                   |
| 80000000745           | US4000/3300 PS 1 PPM                     | 04.12.2019                | 2<br>EA       | 4,000.00                                   | 5.00%                        | 400.00                     | 8,400.00                   |
| 80000000746           | US4000/3300 Silver                       | 04.12.2019                | 1<br>EA       | 4,000.00                                   | 5.00%                        | 200.00                     | 4,200.00                   |
| 80000001111           | MegaUnit PS 1 PPM                        | 04.12.2019                | 1<br>EA       | 2,500.00                                   | 5.00%                        | 125.00                     | 2,625.00                   |
| 80000001069           | GSI38/39 PS 1 PPM                        | 04.12.2019                | 1             | 2,500.00                                   | 5.00%                        | 125.00                     | 2,625.00                   |



Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289  
Riyadh Branch : P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11- 480 0407 Fax: +966-11- 480 3034  
Al-Khobar Branch : P. O. Box 30047, Al Khobar 31952 - KSA Tel. : +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
Al-Madina Branch : P. O. Box 2870 Madina - KSA Tel. : +966-14-815 4244 / 815 2529 Fax: +966-14-815 4742  
Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA Tel. : +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch : Hail - KSA Tel. : +966-16-558-6266 Fax: +966-16-558-5080  
Qassim Branch : Qassim - Buraidah - KSA Tel. : +966-16-326-3177 Fax: +966-16-326-7

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شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى الفاتورة: 100315

AL MAJAL AL ARABI FOR MAINT. JEDDA

العجال العربي للصيانة - جدة

P.O. BOX 21485

JEDDAH 21485

SAUDI ARABIA

Page 1 of 2

.MAINT. SLS

SHIPPED TO/المنشأة المستلمة: 101159

KING FAISAL HOSPITAL

مستشفى الملك فيصل

TAIF

TAIF 21485

SAUDI ARABIA

JED

Amico VAT No./رقم الضريبة: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25136256

Billing Acct. No./رقم الحساب:

Payable within 90 Days

Delivery No./رقم التوريد: 800580656

Payment terms/شروط الدفع:

PO NO./رقم طلب الشراء: 1nd PPM

Contact Person/شخص الاتصال:

04.12.2019

Invoice No./رقم الفاتورة: 1090006288

Invoice Date/تاريخ الفاتورة:

### TAX INVOICE

### فاتورة ضريبية

| Item ID<br>رقم الصنف | Item Description<br>وصف الصنف            | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/<br>VAT<br>السعر<br>الضريبة<br>المضافة<br>الشريفة | VAT%<br>ضريبة<br>القيمة<br>المضافة | VAT Amount<br>قيمة<br>الضريبة | Total with<br>VAT<br>الاجمالي |
|----------------------|------------------------------------------|---------------------------|---------------|------------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| 8000000727           | GYS1000K PS 1 PPM                        | 04.12.2019                | 1             | 7,500.00                                                   | 5.00%                              | 375.00                        | 7,875.00                      |
| 8000000739           | YC1800/1600 PS 1 PPM                     | 04.12.2019                | 1             | 7,500.00                                                   | 5.00%                              | 375.00                        | 7,875.00                      |
| 8000000843           | WSH-Photomedix-Excimer-SilverPlus Contra | 04.12.2019                | 2             | 12,500.00                                                  | 5.00%                              | 1,250.00                      | 26,250.00                     |
| 8000000841           | ARRSeries PS 1 PPM                       | 04.12.2019                | 2             | 3,500.00                                                   | 5.00%                              | 350.00                        | 7,350.00                      |
| 8000000871           | NT510/550/4000 PS 1 PPM                  | 04.12.2019                | 2             | 3,500.00                                                   | 5.00%                              | 350.00                        | 7,350.00                      |
| 8000000829           | OPHFias-CU PS 1 PPM                      | 04.12.2019                | 2             | 4,500.00                                                   | 5.00%                              | 450.00                        | 9,450.00                      |
| 8000000835           | OPHReliance-CU PS 1 PPM                  | 04.12.2019                | 1             | 4,500.00                                                   | 5.00%                              | 225.00                        | 4,725.00                      |
| 8000000745           | US4000/3300 PS 1 PPM                     | 04.12.2019                | 2             | 4,000.00                                                   | 5.00%                              | 400.00                        | 8,400.00                      |
| 8000000746           | US4000/3300 Silver                       | 04.12.2019                | 1             | 4,000.00                                                   | 5.00%                              | 200.00                        | 4,200.00                      |
| 8000001111           | MegaUnit PS 1 PPM                        | 04.12.2019                | 1             | 2,500.00                                                   | 5.00%                              | 125.00                        | 2,625.00                      |
| 8000001069           | GS138/39 PS 1 PPM                        | 04.12.2019                | 1             | 2,500.00                                                   | 5.00%                              | 125.00                        | 2,625.00                      |

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Fax: +966-11-480 3034

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Fax: +966-14-815 4742

Abha Branch:

Al Rajhi Center - Khalidiya - Abha - KSA

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Fax: +966-17-228 8791

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Qassim Branch:

Qassim - Buraidah - KS

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شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

BILLED TO/إلى الفاتورة: 100315

AL RAJAL AL ARABI FOR MAINT. JEDDAH

المجال العربي للصيانة - جدة

P.O. BOX 92833

JEDDAH 21481

SAUDI ARABIA

Page 2 of 2

MAINT. JED

SHIPPED TO/المنشأة المستلمة: 100759

KING RAJAL HOSPITAL

مستشفى الملك فيصل

TAIF

TAIF 21661

SAUDI ARABIA

JED

AMICO VAT No./رقم الضريبة المضافة: 3000466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

BO No./رقم طلب التسم: 25136256 Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800586056 Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: Ind PPM Contact Person/شخص الاتصال:

04.12.2019

Invoice No./رقم الفاتورة: 1090006298 Invoice Date/تاريخ الفاتورة:

# TAX INVOICE

## فاتورة ضريبة

| Item No.   | SKU ID                  | Item Description | Del Date      | QTY    | UPrice w/c VAT | VAT8           | VAT Amount   | Total with VAT |
|------------|-------------------------|------------------|---------------|--------|----------------|----------------|--------------|----------------|
| العدد      | رقم المنتج              | وصف المنتج       | تاريخ التوريد | الكمية | السعر          | القيمة الضريبة | قيمة الضريبة | الاجمالي       |
| 0000000077 | 011000/15 PS 1 PPM      |                  | 04.12.2019    | 1      | 7,500.00       | 5.00%          | 375.00       | 7,875.00       |
| 0000000078 | 011000/1500 PS 1 PPM    |                  | 04.12.2019    | 1      | 7,500.00       | 5.00%          | 375.00       | 7,875.00       |
| 0000000044 | WSH ProMedix Backmer 3  |                  | 04.12.2019    | 1      | 12,500.00      | 5.00%          | 1,250.00     | 26,250.00      |
| 0000000041 | AD1Series 15 1 PPM      |                  | 04.12.2019    | 2      | 3,500.00       | 5.00%          | 350.00       | 7,350.00       |
| 0000000091 | RT510/510/4000 PS 1 PPM |                  | 04.12.2019    | 2      | 3,500.00       | 5.00%          | 350.00       | 7,350.00       |
| 0000000092 | 001111/15 CU PS 1 PPM   |                  | 04.12.2019    | 2      | 4,500.00       | 5.00%          | 450.00       | 9,450.00       |
| 0000000095 | 011111/15 CU PS 1 PPM   |                  | 04.12.2019    | 1      | 4,500.00       | 5.00%          | 225.00       | 4,725.00       |
| 0000000045 | 024000/3300 PS 1 PPM    |                  | 04.12.2019    | 2      | 4,000.00       | 5.00%          | 400.00       | 8,400.00       |
| 0000000046 | 024000/3300 Silver      |                  | 04.12.2019    | 1      | 4,000.00       | 5.00%          | 200.00       | 4,200.00       |
| 0000000111 | MegaUnit PS 1 PPM       |                  | 04.12.2019    | 1      | 2,500.00       | 5.00%          | 125.00       | 2,625.00       |
| 0000000069 | 02118/39 PS 1 PPM       |                  | 04.12.2019    | 1      | 2,500.00       | 5.00%          | 125.00       | 2,625.00       |

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Fax: +966-13-899 4033

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Fax: +966-14-815 4742

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Al Rajhi Center - Khalidiya - Abha - KSA  
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Fax: +966-17-228 8791

Hail Branch :  
Hail - KSA  
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Fax: +966-16-326-7

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KINGDOM WIDE 920028289



AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/إلى الفاتورة: 100415  
AL HAJAL AL AFABI FOR MAINT. JEDDA  
الحياء المري للمصيانة - جدة  
P.O. BOX 92833  
JEDDAH 21481  
SAUDI ARABIA

Page 1 of 2

SHIPPED TO/المستلم: 101159  
KING ABULAL HOSPITAL  
مستشفى الملك فيصل  
TAIF  
TAIF 21405  
SAUDI ARABIA

MAINT. JED

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 29136256

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 000560050

Payment term/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: 1nd PPM

Contact Person/شخص الاتصال:

04.12.2019

Invoice No./رقم الفاتورة: 1090006288

Invoice Date/تاريخ الفاتورة:

TAX INVOICE

فاتورة ضريبة

| Item No.<br>رقم البند | Item Description<br>وصف البند                | Del Date<br>تاريخ التوريد | QTY<br>الكمية | UPrice w/o VAT<br>السعر<br>المشاع<br>الضريبة | VAT %<br>ضريبة القيمة المضافة | VAT Amount<br>قيمة الضريبة | Total with VAT<br>الإجمالي |
|-----------------------|----------------------------------------------|---------------------------|---------------|----------------------------------------------|-------------------------------|----------------------------|----------------------------|
| 0000000007            | Gr1000/PS 1 PPM                              | 04.12.2019                | 1             | 7,500.00                                     | 5.00%                         | 375.00                     | 7,875.00                   |
| 0000000008            | Gr1800/1000 PS 1 PPM                         | 04.12.2019                | 1             | 500.00                                       | 5.00%                         | 25.00                      | 7,875.00                   |
| 0000000043            | WH Photomedix Barrier S<br>Alsterlund Centra | 04.12.2019                | 1             | 12,500.00                                    | 5.00%                         | 1,250.00                   | 26,250.00                  |
| 0000000041            | AlnSeries PS 1 PPM                           | 04.12.2019                | 2             | 3,500.00                                     | 5.00%                         | 350.00                     | 7,350.00                   |
| 0000000041            | PS10.530/4000 PS 1 PPM                       | 04.12.2019                | 2             | 3,500.00                                     | 5.00%                         | 350.00                     | 7,350.00                   |
| 0000000041            | Gr1800/1000 PS 1 PPM                         | 04.12.2019                | 2             | 4,500.00                                     | 5.00%                         | 450.00                     | 9,450.00                   |
| 0000000043            | Gr1800/1000 PS 1 PPM                         | 04.12.2019                | 1             | 4,500.00                                     | 5.00%                         | 225.00                     | 4,725.00                   |
| 00000000745           | US4000/3300 PS 1 PPM                         | 04.12.2019                | 2             | 4,000.00                                     | 5.00%                         | 400.00                     | 8,400.00                   |
| 00000000746           | US4000/3300 Silver                           | 04.12.2019                | 1             | 4,000.00                                     | 5.00%                         | 200.00                     | 4,200.00                   |
| 0000000111            | MegaUnit PS 1 PPM                            | 04.12.2019                | 1             | 2,500.00                                     | 5.00%                         | 125.00                     | 2,625.00                   |
| 0000001069            | GS188/39 PS 1 PPM                            | 04.12.2019                | 1             | 2,500.00                                     | 5.00%                         | 125.00                     | 2,625.00                   |

Head Office: Jeddah :  
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KINGDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com

## SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

**( Hotline 9200 - Amico / 9200-26426 )**

|                                   |                                   |                                                                       |                                                            |                                         |                         |                         |
|-----------------------------------|-----------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|-------------------------|-------------------------|
| <b>Head Office: Jeddah :</b>      | <b>Riyadh Branch :</b>            | <b>Al-Khobar Branch :</b>                                             | <b>Al-Madina Branch :</b>                                  | <b>Abha Branch :</b>                    | <b>Hail Branch :</b>    | <b>Qassim Branch :</b>  |
| P.O.Box 3871 Jeddah 21481 - KSA   | P.O. Box 55177, Riyadh 11534, KSA | P.O. Box 30047, Al Khobar 31952 - KSA                                 | P.O. Box 2870 Madina - KSA                                 | Al Rajhi Center - Khaldiya - Abha - KSA | Hail - KSA              | Qassim - Buraidah - KSA |
| Tel.: +966-12-660 1149 / 665 5766 | Tel. : +966-11- 480 0407          | Tel. : +966-13-864 2911 / 864 3587                                    | Tel. : +966-14-815 4244 / 815 2529                         | Tel. : +966-17-228 8790                 | Tel. : +966-16-558-6266 | Tel. : +966-16-326-31   |
| Fax: +966-12-660 1146             | Fax. : +966-11- 480 3034          | Fax. : +966-13-899 4033                                               | Fax. : +966-14-815 4742                                    | Fax. : +966-17-228 8791                 | Fax. : +966-16-558-5080 | Fax. : +966-16-326-71   |
| KINGDOM WIDE 920028289            |                                   | E-Mail : <a href="mailto:k.sa@amicogroup.com">k.sa@amicogroup.com</a> | <a href="http://www.amicogroup.com">www.amicogroup.com</a> |                                         |                         |                         |

( Hotline 9200 - Amico / 9200-26426 )

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KINGDOM WIDE 920028289

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E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|----------------------------------------------------------|-----------------------------------------|--------|--------------------------|--------|----|
| Hospital / Clinic : <b>KFGH</b>                                                                                                                                                                                             |                  | Telephone :                 |                                                          | Date :                                  |        | Invoice#:                |        |    |
| Address : <b>Jeddah</b>                                                                                                                                                                                                     |                  | Fax :                       |                                                          | <input checked="" type="checkbox"/> PPM |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | P.O. # :                    |                                                          | <input type="checkbox"/> Installation   |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | Received thru:              |                                                          | <input type="checkbox"/> Warranty       |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | SAP Service Call #:         |                                                          | <input type="checkbox"/> Contract       |        |                          |        |    |
| Contact Person : <b>Fusion</b>                                                                                                                                                                                              |                  |                             |                                                          | <input type="checkbox"/> Paid Service   |        |                          |        |    |
| Model : <b>ENT Navigation</b>                                                                                                                                                                                               |                  | Serial #: <b>4500704756</b> |                                                          | Description <b>ENT Navigation</b>       |        |                          |        |    |
| Problem / Error :                                                                                                                                                                                                           |                  |                             |                                                          |                                         |        |                          |        |    |
| Work Report : <b># PPM is done at medical check last steps</b>                                                                                                                                                              |                  |                             |                                                          |                                         |        |                          |        |    |
| <b># system work normal</b>                                                                                                                                                                                                 |                  |                             |                                                          |                                         |        |                          |        |    |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                             |                                                          |                                         |        |                          |        |    |
| Qty.                                                                                                                                                                                                                        | Part Description |                             |                                                          |                                         |        | Part #                   | Price  |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
| Warranty Period:                                                                                                                                                                                                            |                  |                             |                                                          |                                         |        |                          |        |    |
| Invoice #                                                                                                                                                                                                                   |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             | Acceptance Date  |                             | 1st PM                                                   |                                         | 2nd PM |                          | 3rd PM |    |
|                                                                                                                                                                                                                             | / / 20           |                             | / / 20                                                   |                                         | / / 20 |                          | / / 20 |    |
|                                                                                                                                                                                                                             | / / 20           |                             | / / 20                                                   |                                         | / / 20 |                          | / / 20 |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
| Travel Time                                                                                                                                                                                                                 |                  |                             | Working Time                                             |                                         |        | Expenses                 |        |    |
| Date                                                                                                                                                                                                                        | From             | To                          | Total                                                    | Unit                                    | Total  | Date                     | From   | To |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
| Total Travel                                                                                                                                                                                                                |                  |                             | Total Work                                               |                                         |        | Total Expenses:          |        |    |
|                                                                                                                                                                                                                             |                  |                             |                                                          |                                         |        |                          |        |    |
| Work Complete                                                                                                                                                                                                               |                  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                         |        | Note : Customer Engineer |        |    |
| Need Follow-up                                                                                                                                                                                                              |                  |                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                         |        | Date :                   |        |    |
| Enclosed                                                                                                                                                                                                                    |                  |                             |                                                          |                                         |        | Stamp :                  |        |    |
| Engineer                                                                                                                                                                                                                    |                  |                             |                                                          |                                         |        | Signature :              |        |    |

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Fax. : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



29939 /17

Customer  
SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance &amp; Contracting Co. Ltd.

|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|----------------------------------------------------------|-----------------------------------------|--------|--------------------------|--------|----|
| Hospital / Clinic : <b>KFGH</b>                                                                                                                                                                                             |                  | Telephone :                |                                                          | Date :                                  |        | Invoice#:                |        |    |
| Address : <b>Jeddah</b>                                                                                                                                                                                                     |                  | Fax :                      |                                                          | <input checked="" type="checkbox"/> PPM |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | P.O. # :                   |                                                          | <input type="checkbox"/> Installation   |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | Received thru:             |                                                          | <input type="checkbox"/> Warranty       |        |                          |        |    |
|                                                                                                                                                                                                                             |                  | SAP Service Call #:        |                                                          | <input type="checkbox"/> Contract       |        |                          |        |    |
| Contact Person :                                                                                                                                                                                                            |                  |                            |                                                          | <input type="checkbox"/> Paid Service   |        |                          |        |    |
| Model : <b>Fusion compact</b>                                                                                                                                                                                               |                  | Serial #: <b>TSFA00506</b> |                                                          | Description <b>ENT navigation</b>       |        |                          |        |    |
| Problem / Error :                                                                                                                                                                                                           |                  |                            |                                                          |                                         |        |                          |        |    |
| <b># PPM. is done as per Medronic check / test</b>                                                                                                                                                                          |                  |                            |                                                          |                                         |        |                          |        |    |
| Work Report : <b># system working normal</b>                                                                                                                                                                                |                  |                            |                                                          |                                         |        |                          |        |    |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                            |                                                          |                                         |        |                          |        |    |
| Qty.                                                                                                                                                                                                                        | Part Description |                            |                                                          |                                         |        | Part #                   | Price  |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
| Warranty Period:                                                                                                                                                                                                            |                  |                            |                                                          |                                         |        |                          |        |    |
| Invoice #                                                                                                                                                                                                                   |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             | Acceptance Date  |                            | 1st PM                                                   |                                         | 2nd PM |                          | 3rd PM |    |
|                                                                                                                                                                                                                             | / / 20           |                            | / / 20                                                   |                                         | / / 20 |                          | / / 20 |    |
|                                                                                                                                                                                                                             | / / 20           |                            | / / 20                                                   |                                         | / / 20 |                          | / / 20 |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
| Travel Time                                                                                                                                                                                                                 |                  |                            | Working Time                                             |                                         |        | Expenses                 |        |    |
| Date                                                                                                                                                                                                                        | From             | To                         | Total                                                    | Unit                                    | Total  | Date                     | From   | To |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
| Total Travel                                                                                                                                                                                                                |                  |                            | Total Work                                               |                                         |        | Total Expenses:          |        |    |
|                                                                                                                                                                                                                             |                  |                            |                                                          |                                         |        |                          |        |    |
| Work Complete                                                                                                                                                                                                               |                  |                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                         |        | Note : Customer Engineer |        |    |
| Need Follow-up                                                                                                                                                                                                              |                  |                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |                                         |        | Date :                   |        |    |
| Enclosed                                                                                                                                                                                                                    |                  |                            |                                                          |                                         |        | Stamp :                  |        |    |
| Engineer                                                                                                                                                                                                                    |                  |                            | <b>Tamir Haddad</b>                                      |                                         |        | Signature :              |        |    |

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## Laser Data Report

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance &amp; Contracting Co. Ltd.

25/7/19 0539

|                                  |                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------|
| CUSTOMER NAME: <u>King Fahad</u> | SERVICE CALL NO.: (SRO#)                                                                   |
| MODEL: <u>General Inspira</u>    | SERIAL NO: <u>VSH-0419</u>                                                                 |
| ADDRESS: <u>Cynosure Vstar</u>   | LASER STATUS: <u>1. Warranty</u><br><u>2. Contract</u><br><u>3. Paid Service for parts</u> |

CYNOSURE

## TEST EQUIPMENT

|                             |      |                |
|-----------------------------|------|----------------|
| ENERGY METER: <u>Gentec</u> | S/N: | Call Due Date: |
| METER HEAD: <u>Gentec</u>   | S/N: | Call Due Date: |

## SOLID STATE

|                           |           |                       |
|---------------------------|-----------|-----------------------|
| FLASHLAMP PULSES:         | ALEX:     | YAG:                  |
| DELIVERED SHOTS:          | ALEX:     | YAG:                  |
| DIRECT HEAD ENERGY:       | W@        | VDC                   |
| METER VERIFICATION        | mm H.P.C@ | J/cm2 = W             |
| WATER TEMPERATURE:        | °C        | D.L. FILTER DATE:     |
| PUMP CHAMBER S/N:         | A: Y:     | ROD S/N: A: Y:        |
| FIGURE OF MERIT (FOM):    | ALEX:     | YAG:                  |
| NEW FLASHLAMPS INSTALLED: | Y N       | NEW FLASHLAMP LOT #:  |
| HVPS INSTALLED:           | Y N       | S/N HVPS:             |
| (LipoMPX)INT/PELT =       | VREF. =   | EXTERNAL PELT = TOT = |

## PULSE DYE

|                     |                                                           |
|---------------------|-----------------------------------------------------------|
| WAVELENGTH(S):      |                                                           |
| FOM:                | <u>7.2W</u> PDL = <u>7W</u> YAG = <u>—</u>                |
| HEAD ENERGY:        | <u>7W</u> OR <u>—</u> %                                   |
| DELIVERED ENERGY:   | <u>5</u> J/CM2 @ <u>690</u> (KV) OR <u>80</u> %           |
| METER VERIFICATION: | <u>5</u> J/CM2 @ <u>3.5</u> W with <u>10</u> mm handpiece |
| FLASHLAMP COUNT:    |                                                           |
| WATER TEMPERATURE:  | <u>40</u> °C DYE TEMPERATURE: °C                          |
| DYE KIT DATE:       | <u>10/18</u> DYE KIT S/N:                                 |
| DYE KIT PULSES:     |                                                           |

## FINAL INSPECTION CHECKLIST

|                                   |                                     |                                                                                                                                                                                                     |                          |
|-----------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| AIMING BEAM ALIGNED               | <input checked="" type="checkbox"/> | NOTES:<br>New ETx (computer main board) installed 2 LVPS (low voltage power supply) calibration DONE for supply<br>High voltage Resonator part Calibration part System working good. Ready for use. |                          |
| FOCUS LENS CHECKED                | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| FLUID LEVELS CHECKED (SOLVENT)    | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| PLUMBING CHECKED FOR LEAKS        | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| CAL PORT TIGHTENED                | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| PANELS SECURE                     | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| ALL HANDPIECE RECOGNITION CHECKED | <u>10mm</u>                         |                                                                                                                                                                                                     |                          |
| FIBER & HANDPIECE LENSES CHECKED  | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| ACCELEROMETER CABLES VERIFIED     | <input checked="" type="checkbox"/> |                                                                                                                                                                                                     |                          |
| SOFTWARE REVISION                 | <u>1.13 v</u>                       |                                                                                                                                                                                                     |                          |
| Work Complete                     | <u>Y</u> N                          | Note: Customer Engineer                                                                                                                                                                             | Date: <u>25/7/19</u>     |
| Need Follow-up                    | <u>Y</u> N                          | <u>TAMHEED</u>                                                                                                                                                                                      | Stamp: <u>فاتمة</u>      |
| Enclosed                          |                                     |                                                                                                                                                                                                     | Signature: <u>FATMAH</u> |
| Engineer                          | <u>Manoora</u>                      |                                                                                                                                                                                                     |                          |

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| Hospital / Clinic : King Fahad General Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Telephone :         |        | Date : 30/4/2019                      |       | Invoice#:                |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|--------|---------------------------------------|-------|--------------------------|------|-----------------|------------------|--------|--------|------------------|--------|--------------|--------|--------|--------|-----|--------|----------|--------|--------|------|------|----|-------|------|-------|------|------|----|-------|------|-------|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|------------|--|--|--|--|--|-----------------|--|--|
| Address : Jeddah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Fax :               |        | <input type="checkbox"/> PPM          |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | P.O. # :            |        | <input type="checkbox"/> Installation |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Received thru:      |        | <input type="checkbox"/> Warranty     |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | SAP Service Call #: |        | <input type="checkbox"/> Contract     |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Contact Person : Raju Alex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | rajuaalex@gmail.com |        | <input type="checkbox"/> Paid Service |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Model : V-star                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | Serial #: VSHPO419  |        | Description                           |       | Cynosure                 |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Problem / Error : System is not starting up.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Work Report : We will send quotation for the needed CPU board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input checked="" type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| <table><thead><tr><th>Qty.</th><th>Part Description</th><th>Part #</th><th>Price</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                     |        |                                       |       |                          |      | Qty.            | Part Description | Part # | Price  |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Part Description | Part #              | Price  |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Warranty Period: Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| <table><thead><tr><th>Acceptance Date</th><th>1st PM</th><th>2nd PM</th><th>3rd PM</th><th>4th PM</th></tr></thead><tbody><tr><td>/ / 20</td><td>/ / 20</td><td>/ / 20</td><td>/ / 20</td><td>/ / 20</td></tr><tr><td>ate</td><td>/ / 20</td><td>/ / 20</td><td>/ / 20</td><td>/ / 20</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                     |        |                                       |       |                          |      | Acceptance Date | 1st PM           | 2nd PM | 3rd PM | 4th PM           | / / 20 | / / 20       | / / 20 | / / 20 | / / 20 | ate | / / 20 | / / 20   | / / 20 | / / 20 |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Acceptance Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1st PM           | 2nd PM              | 3rd PM | 4th PM                                |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| / / 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | / / 20           | / / 20              | / / 20 | / / 20                                |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | / / 20           | / / 20              | / / 20 | / / 20                                |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| <table><thead><tr><th colspan="6">Travel Time</th><th colspan="6">Working Time</th><th colspan="3">Expenses</th></tr><tr><th>Date</th><th>From</th><th>To</th><th>Total</th><th>Unit</th><th>Total</th><th>Date</th><th>From</th><th>To</th><th>Total</th><th>Unit</th><th>Total</th><th>Date</th><th colspan="2">Total</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td colspan="2"> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td colspan="2"> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td colspan="2"> </td></tr><tr><td colspan="6">Total Travel</td><td colspan="6">Total Work</td><td colspan="3">Total Expenses:</td></tr></tbody></table> |                  |                     |        |                                       |       |                          |      | Travel Time     |                  |        |        |                  |        | Working Time |        |        |        |     |        | Expenses |        |        | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                     |        |                                       |       | Working Time             |      |                 |                  |        |        | Expenses         |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | From             | To                  | Total  | Unit                                  | Total | Date                     | From | To              | Total            | Unit   | Total  | Date             | Total  |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                     |        |                                       |       | Total Work               |      |                 |                  |        |        | Total Expenses:  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                     |        |                                       |       | Note : Customer Engineer |      |                 |                  |        |        | Date : 30-4-2019 |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Need Follow-up Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                     |        |                                       |       | rajuaalex@gmail.com      |      |                 |                  |        |        | Stamp :          |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                     |        |                                       |       |                          |      |                 |                  |        |        | Signature :      |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |
| Engineer 0593624499                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                     |        |                                       |       |                          |      |                 |                  |        |        |                  |        |              |        |        |        |     |        |          |        |        |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |  |

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|                         |                         |
|-------------------------|-------------------------|
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E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



MAINTENANCE

# Laser Data Report

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

0104

CUSTOMER NAME: King Fahad  
MODEL: AL 8000  
ADDRESS: General Hospital  
JEDDAH

SERVICE CALL NO.: (SRO#)  
SERIAL NO: 80940  
LASER STATUS: 1. Warranty  
2. Contract  
3. Paid Service For windows set

CYNOSURE

## TEST EQUIPMENT

ENERGY METER S/N: Call Due Date:  
METER HEAD: S/N: Call Due Date:

## SOLID STATE

FLASHLAMP PULSES: ALEX: YAG:  
DELIVERED SHOTS: 42682 K ALEX: YAG:  
DIRECT HEAD ENERGY: W@ VDC  
METER VERIFICATION mm H.P.C@ J/cm2 = W  
WATER TEMPERATURE: °C D.L. FILTER DATE:  
MP CHAMBER S/N: A: Y: ROD S/N: A: Y:  
FIGURE OF MERIT (FOM): ALEX: YAG:  
NEW FLASHLAMPS INSTALLED: Y N NEW FLASHLAMP LOT #:  
HVPS INSTALLED: Y N S/N HVPS:  
(LipoMPX)INT/PELT = VREF. = EXTERNAL PELT = TOT =

## PULSE DYE

WAVELENGTH(S):  
FOM: PDL = YAG =  
HEAD ENERGY: OR %  
DELIVERED ENERGY: 20 mJ/CM2 @ 8 (K)V OR %  
METER VERIFICATION: J/CM2 @ W with mm handpiece  
FLASHLAMP COUNT: 42682 K  
WATER TEMPERATURE: 28 °C DYE TEMPERATURE: PD = 15.15 mJ °C  
DYE KIT DATE: CMS SOPSIG DYE KIT S/N: ED = 9.61  
DYE KIT PULSES: HVPS = 7.88  
BP = 000.

## FINAL INSPECTION CHECKLIST

ALIGNING BEAM ALIGNED ☒  
FOCUS LENS CHECKED ☒  
FLUID LEVELS CHECKED (SOLVENT) GAS 500 PSI ☒  
PLUMBING CHECKED FOR LEAKS ☒  
CAL PORT TIGHTENED ☒  
PANELS SECURE ☒  
ALL HANDPIECE RECOGNITION CHECKED ☒  
FIBER & HANDPIECE LENSES CHECKED ☒  
ACCELEROMETER CABLES VERIFIED F/Switch ☒  
SOFTWARE REVISION

NOTES:  
Bottle pressure SOPSIG.  
New windows replaced &  
Calibration + alignment  
DONE.  
System working good.  
Energy = 20 mJ @ 8 K.V.

Work Complete ☒ Y ☐ N  
Need Follow-up ☐ Y ☒ N  
Enclosed  
Engineer

Note: Customer Engineer

Date: Note: old windows  
returned to Biomed  
Stamp:

Signature:

( Hotline 9200 - Amico / 9200-26426 )

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# Laser Data Report

|                                  |                                                             |                 |
|----------------------------------|-------------------------------------------------------------|-----------------|
| CUSTOMER NAME: <u>King Fahad</u> | SERVICE CALL NO.: (SRO#)                                    | <b>CYNOSURE</b> |
| MODEL: <u>Gen. Hossini</u>       | SERIAL NO: <u>VSHP-0419</u>                                 |                 |
| ADDRESS: <u>Cynosure V Star</u>  | LASER STATUS: 1. Warranty<br>2. Contract<br>3. Paid Service |                 |

## TEST EQUIPMENT

|                           |           |                       |
|---------------------------|-----------|-----------------------|
| ENERGY METER              | S/N:      | Call Due Date:        |
| METER HEAD:               | S/N:      | Call Due Date:        |
| <b>SOLID STATE</b>        |           |                       |
| FLASHLAMP PULSES:         | ALEX:     | YAG:                  |
| DELIVERED SHOTS:          | ALEX:     | YAG:                  |
| DIRECT HEAD ENERGY:       | W@        | VDC                   |
| METER VERIFICATION        | mm H.P.C@ | J/cm2 = W             |
| WATER TEMPERATURE:        | °C        | D.L. FILTER DATE:     |
| PUMP CHAMBER S/N:         | A: Y:     | ROD S/N: A: Y:        |
| FIGURE OF MERIT (FOM):    | ALEX:     | YAG:                  |
| NEW FLASHLAMPS INSTALLED: | Y N       | NEW FLASHLAMP LOT #:  |
| HVPS INSTALLED:           | Y N       | S/N HVPS:             |
| (LipoMPX)INT/PELT =       | VREF =    | EXTERNAL PELT = TOT = |

## PULSE DYE

|                     |               |        |                  |       |          |
|---------------------|---------------|--------|------------------|-------|----------|
| WAVELENGTH(S):      | <u>6.4/88</u> | PDL =  | <u>595nm</u>     | YAG = | <u>X</u> |
| FOM:                |               | OR     | %                | OR    | %        |
| HEAD ENERGY:        | J/CM2 @       | (K)V   | OR               | %     |          |
| DELIVERED ENERGY:   | J/CM2 @       | W with | mm handpiece     |       |          |
| METER VERIFICATION: |               |        |                  |       |          |
| FLASHLAMP COUNT:    | <u>16522</u>  | °C     | DYE TEMPERATURE: | °C    |          |
| WATER TEMPERATURE:  |               | °C     | DYE KIT S/N:     |       |          |
| DYE KIT DATE:       |               |        |                  |       |          |
| DYE KIT PULSES:     | <u>2112</u>   |        |                  |       |          |

## FINAL INSPECTION CHECKLIST

|                                   |                                                                             |                                                                                                                                                                                |                         |
|-----------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| ARMING BEAM ALIGNED               | <input checked="" type="checkbox"/>                                         | <b>NOTES:</b><br>Display blank & System not starting.<br>- ETX board / Computer board cleaned & reseted.<br>- System started working & display o.k.<br>Note: Need replacement. |                         |
| FOCUS LENS CHECKED                | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| FLUID LEVELS CHECKED (SOLVENT)    | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| PLUMBING CHECKED FOR LEAKS        | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| CAL PORT TIGHTENED                | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| PANELS SECURE                     | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| ALL HANDPIECE RECOGNITION CHECKED | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| FIBER & HANDPIECE LENSES CHECKED  | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| ACCELEROMETER CABLES VERIFIED     | <input checked="" type="checkbox"/>                                         |                                                                                                                                                                                |                         |
| SOFTWARE REVISION                 |                                                                             |                                                                                                                                                                                |                         |
| Work Complete                     | Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> | Note: Customer Engineer                                                                                                                                                        | Date:                   |
| Need Follow-up                    | Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> |                                                                                                                                                                                | Stamp:                  |
| Enclosed                          |                                                                             |                                                                                                                                                                                | Signature: <u>Calis</u> |
| Engineer                          | <u>Mehdi Jopani</u>                                                         | <u>Mynah Asgari</u><br><u>Riyadh</u>                                                                                                                                           |                         |

( Hotline 9200 - Amico / 9200-26426 )



AMICO

MAINTENANCE

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance &amp; Contracting Co. Ltd.

## Laser Data Report

22/12/19 0484

|                                                     |  |                                                              |                  |                      |
|-----------------------------------------------------|--|--------------------------------------------------------------|------------------|----------------------|
| CUSTOMER NAME: King Fahad                           |  | SERVICE CALL NO.: (SRO#)                                     |                  | CYNOSURE             |
| MODEL: Genetec                                      |  | SERIAL NO: VSHF-419                                          |                  |                      |
| ADDRESS: JEDDAH<br>Cynsure<br>V STAR<br>Exp. RIYADH |  | LASER STATUS: 1. Warranty<br>2. Contract<br>3. Paid Service  |                  |                      |
| <b>TEST EQUIPMENT</b>                               |  |                                                              |                  |                      |
| ENERGY METER: Genetec                               |  | S/N:                                                         |                  | Call Due Date:       |
| METER HEAD: 1                                       |  | S/N:                                                         |                  | Call Due Date:       |
| <b>SOLID STATE</b>                                  |  |                                                              |                  |                      |
| FLASHLAMP PULSES:                                   |  | ALEX:                                                        |                  | YAG:                 |
| DELIVERED SHOTS:                                    |  | ALEX:                                                        |                  | YAG:                 |
| DIRECT HEAD ENERGY:                                 |  | W@                                                           |                  | VDC                  |
| METER VERIFICATION                                  |  | mm H.P.C@                                                    |                  | J/cm2 = W            |
| WATER TEMPERATURE:                                  |  | °C                                                           |                  | D.L. FILTER DATE:    |
| PUMP CHAMBER S/N:                                   |  | A:                                                           | Y:               | ROD S/N: A: Y:       |
| F. RE OF MERIT (FOM):                               |  | ALEX:                                                        |                  | YAG:                 |
| NEW FLASHLAMPS INSTALLED:                           |  | Y                                                            | N                | NEW FLASHLAMP LOT #: |
| HVPS INSTALLED:                                     |  | Y                                                            | N                | S/N HVPS:            |
| (LipoMPX)INT/PELT =                                 |  | VREF. =                                                      | EXTERNAL PELT =  | TOT =                |
| <b>PULSE DYE</b>                                    |  |                                                              |                  |                      |
| WAVELENGTH(S): 585nm                                |  |                                                              |                  |                      |
| FOM: 6.2 / 81                                       |  | PDL =                                                        |                  | YAG =                |
| HEAD ENERGY:                                        |  | OR                                                           |                  | %                    |
| DELIVERED ENERGY:                                   |  | J/CM2 @                                                      | (K)V             | OR %                 |
| METER VERIFICATION:                                 |  | J/CM2 @                                                      | W with           | mm handpiece         |
| FLASHLAMP COUNT:                                    |  |                                                              |                  |                      |
| WATER TEMPERATURE:                                  |  | °C                                                           | DYE TEMPERATURE: | 40 °C                |
| DYE KIT DATE: 2018                                  |  | DYE KIT S/N:                                                 |                  | 2018                 |
| DYE KIT PULSES: 1866 pulses                         |  |                                                              |                  |                      |
| <b>FINAL INSPECTION CHECKLIST</b>                   |  |                                                              |                  |                      |
| AIMING BEAM ALIGNED                                 |  | NOTES:<br>ppm DONE<br>System working good<br>استعملت<br>1866 |                  |                      |
| FOCUS LENS CHECKED                                  |  |                                                              |                  |                      |
| FLUID LEVELS CHECKED (SOLVENT)                      |  |                                                              |                  |                      |
| PLUMBING CHECKED FOR LEAKS                          |  |                                                              |                  |                      |
| CAL PORT TIGHTENED                                  |  |                                                              |                  |                      |
| PANELS SECURE                                       |  |                                                              |                  |                      |
| ALL HANDPIECE RECOGNITION CHECKED                   |  |                                                              |                  |                      |
| FIBER & HANDPIECE LENSES CHECKED                    |  |                                                              |                  |                      |
| ACCELEROMETER CABLES VERIFIED                       |  |                                                              |                  |                      |
| SOFTWARE REVISION                                   |  |                                                              |                  |                      |
| Work Complete Y N                                   |  | Note: Customer Engineer                                      |                  | Date:                |
| Need Follow-up Y N                                  |  |                                                              |                  | Stamp:               |
| Enclosed                                            |  |                                                              |                  | Signature:           |
| Engineer: Mani                                      |  |                                                              |                  |                      |

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# Laser Data Report

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance & Contracting Co. Ltd.

22/12/12 0486

|                                   |                                                             |                 |
|-----------------------------------|-------------------------------------------------------------|-----------------|
| CUSTOMER NAME: <i>King Fahad</i>  | SERVICE CALL NO.: (SRO#)                                    | <b>CYNOSURE</b> |
| MODEL: <i>AL 8000</i>             | SERIAL NO: <i>80940</i>                                     |                 |
| ADDRESS: <i>Pharmadex AL 8000</i> | LASER STATUS: 1. Warranty<br>2. Contract<br>3. Paid Service |                 |

## TEST EQUIPMENT

|                           |           |                       |
|---------------------------|-----------|-----------------------|
| ENERGY METER              | S/N:      | Call Due Date:        |
| METER HEAD:               | S/N:      | Call Due Date:        |
| <b>SOLID STATE</b>        |           |                       |
| FLASHLAMP PULSES:         | ALEX:     | YAG:                  |
| DELIVERED SHOTS:          | ALEX:     | YAG:                  |
| DIRECT HEAD ENERGY:       | W@        | VDC                   |
| METER VERIFICATION        | mm H.P.C@ | J/cm2 = W             |
| WATER TEMPERATURE:        | °C        | D.L. FILTER DATE:     |
| PUMP CHAMBER S/N:         | A: Y:     | ROD S/N: A: Y:        |
| ATURE OF MERIT (FOM):     | ALEX:     | YAG:                  |
| NEW FLASHLAMPS INSTALLED: | Y N       | NEW FLASHLAMP LOT #:  |
| HVPS INSTALLED:           | Y N       | S/N HVPS:             |
| (LipoMPX)INT/PELT =       | VREF. =   | EXTERNAL PELT = TOT = |

## PULSE DYE

|                     |                             |
|---------------------|-----------------------------|
| WAVELENGTH(S):      |                             |
| FOM:                | PDL = YAG =                 |
| HEAD ENERGY:        | OR %                        |
| DELIVERED ENERGY:   | J/CM2 @ (K)V OR %           |
| METER VERIFICATION: | J/CM2 @ W with mm handpiece |
| FLASHLAMP COUNT:    |                             |
| WATER TEMPERATURE:  | °C DYE TEMPERATURE : °C     |
| DYE KIT DATE:       | DYE KIT S/N:                |
| DYE KIT PULSES:     |                             |

## FINAL INSPECTION CHECKLIST

|                                   |                    |                                                                                                                 |
|-----------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------|
| AIMING BEAM ALIGNED               |                    | <b>NOTES:</b><br><i>System not used.</i><br><i>Need Gas cylinder</i><br><i>FAN Assy.</i><br><i>from Al Amin</i> |
| FOCUS LENS CHECKED                |                    |                                                                                                                 |
| FLUID LEVELS CHECKED (SOLVENT)    |                    |                                                                                                                 |
| PLUMBING CHECKED FOR LEAKS        |                    |                                                                                                                 |
| CAL PORT TIGHTENED                |                    |                                                                                                                 |
| PANELS SECURE                     |                    |                                                                                                                 |
| ALL HANDPIECE RECOGNITION CHECKED |                    |                                                                                                                 |
| FIBER & HANDPIECE LENSES CHECKED  |                    |                                                                                                                 |
| ACCELEROMETER CABLES VERIFIED     |                    | <i>قريب من الانتهاء</i><br><i>22/12/12</i>                                                                      |
| SOFTWARE REVISION                 |                    |                                                                                                                 |
| Work Complete                     | Y N                |                                                                                                                 |
| Need Follow-up                    | Y N                |                                                                                                                 |
| Enclosed                          |                    | <b>Note : Customer Engineer</b><br><i>[Signature]</i>                                                           |
| Engineer                          | <i>[Signature]</i> |                                                                                                                 |
|                                   |                    | <b>Date:</b><br><b>Stamp:</b><br><b>Signature:</b>                                                              |

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# Laser Data Report

شركة الامين لصيانة الاجهزة والمعدات الطبية

Al Amin Maintenance & Contracting Co. Ltd.

22/12/19 0485

|                                             |                                                             |                 |
|---------------------------------------------|-------------------------------------------------------------|-----------------|
| CUSTOMER NAME: <i>King Fahad</i>            | SERVICE CALL NO.: (SRO#)                                    | <b>CYNOSURE</b> |
| MODEL: <i>General Hospital</i>              | SERIAL NO: <i>mc6-40631</i>                                 |                 |
| ADDRESS: <i>JEDDAH</i><br><i>Medlife C6</i> | LASER STATUS: 1. Warranty<br>2. Contract<br>3. Paid Service |                 |

## TEST EQUIPMENT

|                                   |           |                       |
|-----------------------------------|-----------|-----------------------|
| ENERGY METER: <i>Genlec</i>       | S/N:      | Call Due Date:        |
| METER HEAD: <i>Genlec</i>         | S/N:      | Call Due Date:        |
| <b>SOLID STATE</b>                |           |                       |
| FLASHLAMP PULSES:                 | ALEX:     | YAG:                  |
| DELIVERED SHOTS: <i>9 million</i> | ALEX:     | YAG:                  |
| DIRECT HEAD ENERGY:               | W@        | VDC                   |
| METER VERIFICATION: <i>N/A</i>    | mm H.P.C@ | J/cm2 = W             |
| WATER TEMPERATURE:                | °C        | D.L. FILTER DATE:     |
| PUMP CHAMBER S/N:                 | A: Y:     | ROD S/N: A: Y:        |
| FOUR OF MERIT (FOM):              | ALEX:     | YAG:                  |
| NEW FLASHLAMPS INSTALLED:         | Y N       | NEW FLASHLAMP LOT #:  |
| HVPS INSTALLED:                   | Y N       | S/N HVPS:             |
| (LipoMPX)INT/PELT =               | VREF. =   | EXTERNAL PELT = TOT = |

## PULSE DYE

|                     |                             |
|---------------------|-----------------------------|
| WAVELENGTH(S):      |                             |
| FOM:                | PDL = YAG =                 |
| HEAD ENERGY:        | OR %                        |
| DELIVERED ENERGY:   | J/CM2 @ (K)V OR %           |
| METER VERIFICATION: | J/CM2 @ W with mm handpiece |
| FLASHLAMP COUNT:    |                             |
| WATER TEMPERATURE:  | °C DYE TEMPERATURE : °C     |
| DYE KIT DATE:       | DYE KIT S/N:                |
| DYE KIT PULSES:     |                             |

## FINAL INSPECTION CHECKLIST

|                                   |                                         |                                                                                                                            |
|-----------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| AIMING BEAM ALIGNED               | <input checked="" type="checkbox"/>     | <b>NOTES:</b><br><i>ppm DONE</i><br><i>as per standard procedure</i><br><i>system work good</i><br><i>red, green, blue</i> |
| FOCUS LENS CHECKED                | <input checked="" type="checkbox"/>     |                                                                                                                            |
| FLUID LEVELS CHECKED (SOLVENT)    | <input checked="" type="checkbox"/>     |                                                                                                                            |
| PLUMBING CHECKED FOR LEAKS        | <input checked="" type="checkbox"/>     |                                                                                                                            |
| CAL PORT TIGHTENED                | <input checked="" type="checkbox"/>     |                                                                                                                            |
| PANELS SECURE                     | <input checked="" type="checkbox"/>     |                                                                                                                            |
| ALL HANDPIECE RECOGNITION CHECKED | <input checked="" type="checkbox"/>     |                                                                                                                            |
| FIBER & HANDPIECE LENSES CHECKED  | <input checked="" type="checkbox"/>     |                                                                                                                            |
| ACCELEROMETER CABLES VERIFIED     | <input checked="" type="checkbox"/>     |                                                                                                                            |
| SOFTWARE REVISION                 | <input checked="" type="checkbox"/>     |                                                                                                                            |
| Work Complete                     | <input checked="" type="checkbox"/> Y N | <b>Note : Customer Engineer</b><br><b>Date:</b><br><b>Stamp:</b><br><b>Signature:</b>                                      |
| Need Follow-up                    | <input checked="" type="checkbox"/> Y N |                                                                                                                            |
| Enclosed                          |                                         |                                                                                                                            |
| Engineer                          | <i>Mani-ppm</i>                         |                                                                                                                            |

( Hotline 9200 - Amico / 9200-26426 )





25898 /17

Customer  
SERVICE REPORTشركة الأمين لصيانة الأجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

11-011-002-0

|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|-----------------------------------------|-----------------|
| Hospital / Clinic : King Fahed<br>Gehri<br>Jeddah                                                                                                                                                                                      |                  | Telephone :              | Date : 30.6.17                          | Invoice#:       |
| Address                                                                                                                                                                                                                                |                  | Fax :                    | <input checked="" type="checkbox"/> PPM |                 |
|                                                                                                                                                                                                                                        |                  | P.O. # :                 | <input type="checkbox"/> Installation   |                 |
|                                                                                                                                                                                                                                        |                  | Received thru:           | <input type="checkbox"/> Warranty       |                 |
|                                                                                                                                                                                                                                        |                  | SAP Service Call #:      | <input type="checkbox"/> Contract       |                 |
| Contact Person :                                                                                                                                                                                                                       |                  |                          | <input type="checkbox"/> Paid Service   |                 |
| Model : GSI 388                                                                                                                                                                                                                        |                  | Serial #: GS0045443      | Description                             |                 |
| Problem / Error :                                                                                                                                                                                                                      |                  |                          |                                         |                 |
| Work Report : The Unit is working ok but need tuning                                                                                                                                                                                   |                  |                          |                                         |                 |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                          |                                         |                 |
| Qty.                                                                                                                                                                                                                                   | Part Description |                          |                                         | Part # Price    |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
| Warranty Period:                                                                                                                                                                                                                       |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        | Acceptance Date  | 1st PM                   | 2nd PM                                  | 3rd PM 4th PM   |
|                                                                                                                                                                                                                                        | / / 20           | / / 20                   | / / 20                                  | / / 20 / / 20   |
| Date                                                                                                                                                                                                                                   | / / 20           | / / 20                   | / / 20                                  | / / 20 / / 20   |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
| Travel Time Working Time Expenses                                                                                                                                                                                                      |                  |                          |                                         |                 |
| Date                                                                                                                                                                                                                                   | From             | To                       | Total                                   | Unit Total      |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
|                                                                                                                                                                                                                                        |                  |                          |                                         |                 |
| Total Travel                                                                                                                                                                                                                           |                  | Total Work               |                                         | Total Expenses: |
| Work Complete Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                 |                  | Note : Customer Engineer |                                         | Date :          |
| Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                |                  |                          |                                         | Stamp :         |
| Enclosed Mohammed                                                                                                                                                                                                                      |                  |                          |                                         | Signature :     |
| Engineer                                                                                                                                                                                                                               |                  |                          |                                         |                 |

( Hotline 9200 - Amico / 9200-26426 )

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KINGDOM WIDE 920028289Riyadh Branch :  
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Tel. : +966-11- 480 0407  
Fax : +966-11- 480 3034Al-Khobar Branch :  
P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax : +966-13-899 4033Al-Madina Branch :  
P.O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax : +966-14-815 4742Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6268  
Fax : +966-16-558-5080Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



25892 /17

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                        |                               |                  |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|-----------------|
| Hospital / Clinic : King Fahad                                                                                                                                                                                                         | Telephone :                   | Date : 28.5.2019 | Invoice#:       |
| Fax :                                                                                                                                                                                                                                  | P.P.M.                        |                  |                 |
| Address Jeddah                                                                                                                                                                                                                         | P.O. #:                       | Installation     |                 |
|                                                                                                                                                                                                                                        | Received thru:                | Warranty         |                 |
| SAP Service Call #:                                                                                                                                                                                                                    | Contract                      |                  |                 |
| Contact Person :                                                                                                                                                                                                                       | Paid Service                  |                  |                 |
| Model : ABR                                                                                                                                                                                                                            | Serial #: 08H04969J           | Description      |                 |
| Problem / Error :                                                                                                                                                                                                                      |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
| Work Report :                                                                                                                                                                                                                          |                               |                  |                 |
| تم سحب الجهاز للفحص - SN-XE167292C تم سحب الابل توب *                                                                                                                                                                                  |                               |                  |                 |
| سحب بطارية الابي توب *                                                                                                                                                                                                                 |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                               |                  |                 |
| Qty.                                                                                                                                                                                                                                   | Part Description              |                  | Part # Price    |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
| Warranty Period:                                                                                                                                                                                                                       |                               |                  |                 |
| Invoice #                                                                                                                                                                                                                              |                               |                  |                 |
| Acceptance Date                                                                                                                                                                                                                        | 1st PM                        | 2nd PM           | 3rd PM 4th PM   |
| / / 20                                                                                                                                                                                                                                 | / / 20                        | / / 20           | / / 20          |
| Date                                                                                                                                                                                                                                   | / / 20                        | / / 20           | / / 20          |
|                                                                                                                                                                                                                                        |                               |                  |                 |
| Travel Time Working Time Expenses                                                                                                                                                                                                      |                               |                  |                 |
| Date From To Total Unit Total                                                                                                                                                                                                          | Date From To Total Unit Total | Date Total       | Total           |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
|                                                                                                                                                                                                                                        |                               |                  |                 |
| Total Travel                                                                                                                                                                                                                           |                               | Total Work       | Total Expenses: |
| Work Complete Yes No                                                                                                                                                                                                                   | Note: Customer Engineer       | Date :           |                 |
| Need Follow-up Yes No                                                                                                                                                                                                                  |                               | Stamp :          |                 |
| Enclosed Mohammed                                                                                                                                                                                                                      |                               | Signature :      |                 |
| Engineer                                                                                                                                                                                                                               |                               |                  |                 |

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( Hotline 9200 - Amico / 9200-26426 )

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



25891 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

N-035

|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------|-----------|
| Hospital / Clinic : <b>King Fahad</b>                                                                                                                                                                                                  |                  | Telephone :                  | Date : <b>28/5/2019</b>                 | Invoice#: |
| Address : <b>Jeddah</b>                                                                                                                                                                                                                |                  | Fax :                        | <input checked="" type="checkbox"/> PPM |           |
|                                                                                                                                                                                                                                        |                  | P.O. # :                     | <input type="checkbox"/> Installation   |           |
|                                                                                                                                                                                                                                        |                  | Received thru:               | <input type="checkbox"/> Warranty       |           |
|                                                                                                                                                                                                                                        |                  | SAP Service Call #:          | <input type="checkbox"/> Contract       |           |
| Contact Person :                                                                                                                                                                                                                       |                  |                              | <input type="checkbox"/> Paid Service   |           |
| Model : <b>ABR</b>                                                                                                                                                                                                                     |                  | Serial # : <b>110805771M</b> | Description                             |           |
| Problem / Error :                                                                                                                                                                                                                      |                  |                              |                                         |           |
| - ppm done as per company standard                                                                                                                                                                                                     |                  |                              |                                         |           |
| Work Report :                                                                                                                                                                                                                          |                  |                              |                                         |           |
| - device working ok                                                                                                                                                                                                                    |                  |                              |                                         |           |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                              |                                         |           |
| Qty.                                                                                                                                                                                                                                   | Part Description |                              |                                         | Price     |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
| Warranty Period:                                                                                                                                                                                                                       |                  |                              |                                         |           |
| Acceptance Date                                                                                                                                                                                                                        |                  | 1st PM                       | 2nd PM                                  | 3rd PM    |
| / / 20                                                                                                                                                                                                                                 |                  | / / 20                       | / / 20                                  | / / 20    |
| Date                                                                                                                                                                                                                                   | / / 20           | / / 20                       | / / 20                                  | / / 20    |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
| Travel Time                                                                                                                                                                                                                            |                  | Working Time                 |                                         |           |
| Date                                                                                                                                                                                                                                   | From             | To                           | Total                                   | Unit      |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
| Total Travel                                                                                                                                                                                                                           |                  | Total Work                   |                                         |           |
|                                                                                                                                                                                                                                        |                  |                              |                                         |           |
| Total Expenses:                                                                                                                                                                                                                        |                  |                              |                                         |           |
| Work Complete    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                   |                  | Note : Customer Engineer     |                                         |           |
| Need Follow-up    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                  |                  | Date : <b>28/5/2019</b>      |                                         |           |
| Enclosed <b>Mohammed</b>                                                                                                                                                                                                               |                  | Stamp :                      |                                         |           |
| Engineer <b>[Signature]</b>                                                                                                                                                                                                            |                  | Signature :                  |                                         |           |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



25900 /17

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------|-------|------------------------------------------------------------------------------------|------|----|-------|------|-------|----------------------------|-------|--|
| Hospital / Clinic : KFGH                                                          | Telephone :                     | Date : 30.8.19                        | Invoice#:                                                                                                                              |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Address : Jeddah                                                                  | Fax :                           | <input type="checkbox"/> PPM          |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   | P.O. # :                        | <input type="checkbox"/> Installation |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   | Received thru:                  | <input type="checkbox"/> Warranty     |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   | SAP Service Call #:             | <input type="checkbox"/> Contract     |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Contact Person :                                                                  |                                 | <input type="checkbox"/> Paid Service |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Model : OAE                                                                       | Serial #: 08I1284880            | Description                           |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Problem / Error : Check & found the unit is working ok.                           |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Work Report :                                                                     |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Optical <input type="checkbox"/>                                                  | Ophtha <input type="checkbox"/> | Derma <input type="checkbox"/>        | ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Qty.                                                                              | Part Description                |                                       | Part # Price                                                                                                                           |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Warranty Period:                                                                  |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   | Acceptance Date                 | 1st PM                                | 2nd PM                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   | / / 20                          | / / 20                                | / / 20                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Date                                                                              |                                 | / / 20                                | / / 20                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 | / / 20                                | / / 20                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 | / / 20                                | / / 20                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 | / / 20                                | / / 20                                                                                                                                 |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Invoice #                                                                         |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Travel Time                                                                       |                                 |                                       |                                                                                                                                        |      |       | Working Time                                                                       |      |    |       |      |       | Expenses                   |       |  |
| Date                                                                              | From                            | To                                    | Total                                                                                                                                  | Unit | Total | Date                                                                               | From | To | Total | Unit | Total | Date                       | Total |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Total Travel                                                                      |                                 |                                       |                                                                                                                                        |      |       | Total Work                                                                         |      |    |       |      |       | Total Expenses:            |       |  |
|                                                                                   |                                 |                                       |                                                                                                                                        |      |       |                                                                                    |      |    |       |      |       |                            |       |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                 |                                       |                                                                                                                                        |      |       | Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |      |    |       |      |       | Enclosed Mohammed Engineer |       |  |
| Date :                                                                            |                                 |                                       |                                                                                                                                        |      |       | Stamp :                                                                            |      |    |       |      |       | Signature :                |       |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



37802 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

AL-241-0030

|                                            |                     |                                       |           |
|--------------------------------------------|---------------------|---------------------------------------|-----------|
| Hospital / Clinic : <u>الملا فهد العام</u> | Telephone :         | Date :                                | Invoice#: |
| Address : <u>جدة</u>                       | Fax :               | <input type="checkbox"/> PPM          |           |
|                                            | P.O. # :            | <input type="checkbox"/> Installation |           |
|                                            | Received thru:      | <input type="checkbox"/> Warranty     |           |
|                                            | SAP Service Call #: | <input type="checkbox"/> Contract     |           |
| Contact Person :                           |                     | <input type="checkbox"/> Paid Service |           |

|                       |                             |             |
|-----------------------|-----------------------------|-------------|
| Model : <u>GSI 39</u> | Serial # : <u>G50047674</u> | Description |
| Problem / Error :     |                             |             |

Work Report : \* تم التركيب والجرار ; يعمل بشكل جيد جدا \*

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part #  | Price |
|------|------------------|---------|-------|
| 1    | Tube Kit         | 8011585 |       |
|      |                  |         |       |
|      |                  |         |       |
|      |                  |         |       |

| Warranty Period: |        |        |        |        | Invoice # |
|------------------|--------|--------|--------|--------|-----------|
| Acceptance Date  | 1st PM | 2nd PM | 3rd PM | 4th PM |           |
| / / 20           | / / 20 | / / 20 | / / 20 | / / 20 |           |
| Date             |        |        |        |        |           |
| / / 20           | / / 20 | / / 20 | / / 20 | / / 20 |           |
|                  |        |        |        |        |           |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                             |                                                                     |                          |                                |
|-----------------------------|---------------------------------------------------------------------|--------------------------|--------------------------------|
| Work Complete               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | Date :                         |
| Need Follow-up              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                          | Stamp :                        |
| Enclosed <u>Mohamed met</u> | Engineer <u>[Signature]</u>                                         |                          | Signature : <u>[Signature]</u> |

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37803 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

17-241-002

|                                            |                     |                                       |           |
|--------------------------------------------|---------------------|---------------------------------------|-----------|
| Hospital / Clinic : <u>الملك فهد العام</u> | Telephone :         | Date :                                | Invoice#: |
| Address : <u>جدة</u>                       | Fax :               | <input type="checkbox"/> PPM          |           |
|                                            | P.O. # :            | <input type="checkbox"/> Installation |           |
|                                            | Received thru:      | <input type="checkbox"/> Warranty     |           |
|                                            | SAP Service Call #: | <input type="checkbox"/> Contract     |           |
| Contact Person :                           |                     | <input type="checkbox"/> Paid Service |           |

|                      |                            |                        |
|----------------------|----------------------------|------------------------|
| Model : <u>G5I39</u> | Serial #: <u>G50045443</u> | Description : <u>—</u> |
|----------------------|----------------------------|------------------------|

Problem / Error :

Work Report : \* تع التركيب واجهاز عمل بشكل جيد جدا .

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part #  | Price |
|------|------------------|---------|-------|
| 1    | Tubo kit         | 8011535 |       |
|      |                  |         |       |
|      |                  |         |       |
|      |                  |         |       |

| Warranty Period: |        |        |        |        | Invoice # |
|------------------|--------|--------|--------|--------|-----------|
| Acceptance Date  | 1st PM | 2nd PM | 3rd PM | 4th PM |           |
| / / 20           | / / 20 | / / 20 | / / 20 | / / 20 |           |
| Date             |        |        |        |        |           |
| / / 20           | / / 20 | / / 20 | / / 20 | / / 20 |           |
|                  |        |        |        |        |           |
|                  |        |        |        |        |           |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                |                                                                     |                          |                                |
|----------------|---------------------------------------------------------------------|--------------------------|--------------------------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | Date :                         |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                          | Stamp :                        |
| Engineer       | <u>Mohammed</u>                                                     |                          | Signature : <u>[Signature]</u> |

( Hotline 9200 - Amico / 9200-26426 )

|                                                                                                                                                   |                                                                                                             |                                                                                                                                                              |                                                                                                                                          |                                                                                                                 |                                                                                   |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Head Office: Jeddah :<br>P.O.Box 3871 Jeddah 21481 - KSA<br>Tel. : +966-12-660 1149 / 665 5766<br>Fax: +966-12-660 1146<br>KINGDOM WIDE 920028289 | Riyadh Branch :<br>P. O. Box 55177, Riyadh 11534, KSA<br>Tel. : +966-11-480 0407<br>Fax. : +966-11-480 3034 | Al-Khobar Branch :<br>P. O. Box 30047, Al Khobar 31952 - KSA<br>Tel. : +966-13-864 2911 / 864 3587<br>Fax. : +966-13-899 4033<br>E-Mail : ksa@amicogroup.com | Al-Madina Branch :<br>P. O. Box 2870 Madina - KSA<br>Tel. : +966-14-815 4244 / 815 2529<br>Fax. : +966-14-815 4742<br>www.amicogroup.com | Abha Branch :<br>Al Rajhi Center - Khalidiya - Abha - KSA<br>Tel. : +966-17-228 8790<br>Fax. : +966-17-228 8791 | Hail Branch :<br>Hail - KSA<br>Tel. : +966-16-558-6268<br>Fax. : +966-16-558-5080 | Qassim Branch :<br>Qassim - Buraidah - KSA<br>Tel. : +966-16-328-3115<br>Fax. : +966-16-328-7115 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





25897 /17

Customer  
SERVICE REPORT17-071-0010  
شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|-----------------------------------------|--------------------------|-------|-------------|------|----|-------|------|-------|------|-------|
| Hospital / Clinic : King Fahed<br>Gehkel<br>Jeddah                                                                                                                                                                                     |                  | Telephone :                  | Date : 30.6.2019                        | Invoice# :               |       |             |      |    |       |      |       |      |       |
| Address :                                                                                                                                                                                                                              |                  | Fax :                        | <input checked="" type="checkbox"/> PPM |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  | P.O. # :                     | <input type="checkbox"/> Installation   |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  | Received thru :              | <input type="checkbox"/> Warranty       |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  | SAP Service Call # :         | <input type="checkbox"/> Contract       |                          |       |             |      |    |       |      |       |      |       |
| Contact Person :                                                                                                                                                                                                                       |                  |                              | <input type="checkbox"/> Paid Service   |                          |       |             |      |    |       |      |       |      |       |
| Model : GSI 38                                                                                                                                                                                                                         |                  | Serial # : G535570           | Description Auto Temp                   |                          |       |             |      |    |       |      |       |      |       |
| Problem / Error :<br># تم عمل معايرة للجهاز ويحتاج الى زيت هروب                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Work Report : The unit is working ok But need Lubing.                                                                                                                                                                                  |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Qty.                                                                                                                                                                                                                                   | Part Description |                              |                                         | Part # Price             |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Warranty Period:                                                                                                                                                                                                                       |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Acceptance Date                                                                                                                                                                                                                        |                  | 1st PM                       | 2nd PM                                  | Invoice #                |       |             |      |    |       |      |       |      |       |
| / / 20                                                                                                                                                                                                                                 |                  | / / 20                       | / / 20                                  | 3rd PM                   |       |             |      |    |       |      |       |      |       |
| Date                                                                                                                                                                                                                                   |                  | / / 20                       | / / 20                                  | 4th PM                   |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         | / / 20                   |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         | / / 20                   |       |             |      |    |       |      |       |      |       |
| Travel Time                                                                                                                                                                                                                            |                  | Working Time                 |                                         | Expenses                 |       |             |      |    |       |      |       |      |       |
| Date                                                                                                                                                                                                                                   | From             | To                           | Total                                   | Unit                     | Total | Date        | From | To | Total | Unit | Total | Date | Total |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
|                                                                                                                                                                                                                                        |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |
| Total Travel                                                                                                                                                                                                                           |                  | Total Work                   |                                         | Total Expenses:          |       |             |      |    |       |      |       |      |       |
| Work Complete                                                                                                                                                                                                                          |                  | Yes <input type="checkbox"/> | No <input type="checkbox"/>             | Note : Customer Engineer |       | Date :      |      |    |       |      |       |      |       |
| Need Follow-up                                                                                                                                                                                                                         |                  | Yes <input type="checkbox"/> | No <input type="checkbox"/>             |                          |       | Stamp :     |      |    |       |      |       |      |       |
| Enclosed                                                                                                                                                                                                                               |                  | Mohammed                     |                                         |                          |       | Signature : |      |    |       |      |       |      |       |
| Engineer                                                                                                                                                                                                                               |                  |                              |                                         |                          |       |             |      |    |       |      |       |      |       |

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Fax : +966-16-326-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



25899 /17

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------|-------|-----------------------------------------|-------|-----------|------|-----------------|-------|------|-------|------|--|-------|
| Hospital / Clinic : <b>K.F.G.M</b>                                                                                                                                                                                                     |      | Telephone :                                              |       | Date : <b>30.6.19</b>                   |       | Invoice#: |      |                 |       |      |       |      |  |       |
| Address <b>Jeddah</b>                                                                                                                                                                                                                  |      | Fax :                                                    |       | <input checked="" type="checkbox"/> PPM |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      | P.O. # :                                                 |       | <input type="checkbox"/> Installation   |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      | Received thru:                                           |       | <input type="checkbox"/> Warranty       |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      | SAP Service Call #:                                      |       | <input type="checkbox"/> Contract       |       |           |      |                 |       |      |       |      |  |       |
| Contact Person :                                                                                                                                                                                                                       |      |                                                          |       | <input type="checkbox"/> Paid Service   |       |           |      |                 |       |      |       |      |  |       |
| Model : <b>G5I38</b>                                                                                                                                                                                                                   |      | Serial # : <b>850047674</b>                              |       | Description                             |       |           |      |                 |       |      |       |      |  |       |
| Problem / Error : <b>check &amp; found the Unit need Calibration and need Replace the tubing.</b>                                                                                                                                      |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Work Report : <b>The Unit Pullout to Amco Workshop for Calibration (with out Charger) (and Tubing)</b>                                                                                                                                 |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Qty.                                                                                                                                                                                                                                   |      | Part Description                                         |       |                                         |       | Part #    |      | Price           |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Warranty Period:                                                                                                                                                                                                                       |      |                                                          |       |                                         |       |           |      | Invoice #       |       |      |       |      |  |       |
| Acceptance Date                                                                                                                                                                                                                        |      | 1st PM                                                   |       | 2nd PM                                  |       | 3rd PM    |      | 4th PM          |       |      |       |      |  |       |
| / / 20                                                                                                                                                                                                                                 |      | / / 20                                                   |       | / / 20                                  |       | / / 20    |      | / / 20          |       |      |       |      |  |       |
| Date                                                                                                                                                                                                                                   |      | / / 20                                                   |       | / / 20                                  |       | / / 20    |      | / / 20          |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Travel Time                                                                                                                                                                                                                            |      |                                                          |       | Working Time                            |       |           |      | Expenses        |       |      |       |      |  |       |
| Date                                                                                                                                                                                                                                   | From | To                                                       | Total | Unit                                    | Total | Date      | From | To              | Total | Unit | Total | Date |  | Total |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
|                                                                                                                                                                                                                                        |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |
| Total Travel                                                                                                                                                                                                                           |      |                                                          |       | Total Work                              |       |           |      | Total Expenses: |       |      |       |      |  |       |
| Work Complete                                                                                                                                                                                                                          |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       | Note : Customer Engineer                |       |           |      | Date :          |       |      |       |      |  |       |
| Need Follow-up                                                                                                                                                                                                                         |      | Yes <input type="checkbox"/> No <input type="checkbox"/> |       |                                         |       |           |      | Stamp :         |       |      |       |      |  |       |
| Enclosed                                                                                                                                                                                                                               |      | <b>Mohammed</b>                                          |       |                                         |       |           |      | Signature :     |       |      |       |      |  |       |
| Engineer                                                                                                                                                                                                                               |      |                                                          |       |                                         |       |           |      |                 |       |      |       |      |  |       |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



45861/20

**Customer SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|--------|--------------------------------------------|---------------------------------------|------------------------|
| Hospital / Clinic : <b>King Abdul Aziz Hospital</b>                                                                                                                                                                                                                    |                  | Telephone :                              |        | Date : <b>11/4/2021</b>                    |                                       |                        |
| Address : <b>Taif</b>                                                                                                                                                                                                                                                  |                  | Fax :                                    |        | <input type="checkbox"/> PPM               | <input type="checkbox"/> Contract PPM |                        |
| P.O. # :                                                                                                                                                                                                                                                               |                  | <input type="checkbox"/> Installation    |        | <input type="checkbox"/> Contract Repair   |                                       |                        |
| Received thru:                                                                                                                                                                                                                                                         |                  | <input type="checkbox"/> Warranty PPM    |        | <input type="checkbox"/> Site Inspection   |                                       |                        |
| SAP Service Call #:                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Warranty Repair |        | <input type="checkbox"/> Demo Installation |                                       |                        |
| Contact Person :                                                                                                                                                                                                                                                       |                  |                                          |        | <input type="checkbox"/> Paid Service      |                                       |                        |
| Invoice #:                                                                                                                                                                                                                                                             |                  | Delivery                                 |        |                                            |                                       |                        |
| Model : <b>Wontech</b>                                                                                                                                                                                                                                                 |                  | Serial #: <b>12CTR302 - 621</b>          |        | Description <b>Wontech</b>                 |                                       |                        |
| Problem / Error : <b>PPM is done. The machine is left</b>                                                                                                                                                                                                              |                  |                                          |        |                                            |                                       |                        |
| Work Report : <b>working well.</b>                                                                                                                                                                                                                                     |                  |                                          |        |                                            |                                       |                        |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input checked="" type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                          |        |                                            |                                       |                        |
| Qty.                                                                                                                                                                                                                                                                   | Part Description |                                          |        |                                            | Part #                                |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            | Price                                 |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
| Warranty Period:                                                                                                                                                                                                                                                       |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        | Acceptance Date  |                                          | 1st PM | 2nd PM                                     | 3rd PM                                | 4th PM                 |
|                                                                                                                                                                                                                                                                        | / / 20           |                                          | / / 20 | / / 20                                     | / / 20                                | / / 20                 |
| Date                                                                                                                                                                                                                                                                   | / / 20           |                                          | / / 20 | / / 20                                     | / / 20                                | / / 20                 |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
| Travel Time                                                                                                                                                                                                                                                            |                  | Working Time                             |        |                                            |                                       | Expenses               |
| Date                                                                                                                                                                                                                                                                   | From             | To                                       | Total  | Unit                                       | Total                                 |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
| Total Travel                                                                                                                                                                                                                                                           |                  | Total Work                               |        |                                            |                                       | Total Expenses:        |
|                                                                                                                                                                                                                                                                        |                  |                                          |        |                                            |                                       |                        |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                      |                  | Note: Customer Engineer                  |        |                                            |                                       | Date: <b>11/4/2021</b> |
| Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                     |                  |                                          |        |                                            |                                       |                        |
| Enclosed                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                       |                        |
| Engineer                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                       |                        |

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Abha Branch :  
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Fax. : +966-17-228 8791

Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax. : +966-16-558-5060

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax. : +966-16-326-7115

E-Mail : [kss@amicogroup.com](mailto:kss@amicogroup.com) [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant

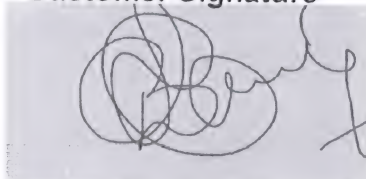


|                                                |                                  |                       |
|------------------------------------------------|----------------------------------|-----------------------|
| Service Order No: 40058888                     | Request Start Date: 11.04.2021   | Machine Status:       |
| Customer: 101134-KING ABDUL AZIZ SPEC. HOSP. ( | Visit Type: REPAIR SERVICE ORDER |                       |
| Address: P.O.BOX 10127,21485-TAIF              |                                  |                       |
| Phone: 02/ 7310800                             | Mobile: 0502318670               | Country: Saudi Arabia |
| Manufacturer: CYNOSURE INC                     | Room No:                         | Asset No:             |
| Model: CYNO ELITE LASER                        |                                  | Serial No: ELMD1197   |

| Problem Description | Date       |
|---------------------|------------|
| PPM is done.        | 11.04.2021 |

| Corrective Action                                                          | Date       |
|----------------------------------------------------------------------------|------------|
| PPM is done. The machine is left working well. PPM checklist is submitted. | 11.04.2021 |

| Replace/Installed Parts |              |     |            |          |     |       |
|-------------------------|--------------|-----|------------|----------|-----|-------|
| Part #                  | Description' | Qty | Unit Price | Discount | VAT | Total |
|                         |              |     |            |          |     |       |

|                             |                          |                                                                                                                   |
|-----------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| Date Completed : 11.04.2021 | Service Order Status:    | <b>Customer Signature</b><br> |
| Time Completed : 11:16:35   | Created                  |                                                                                                                   |
| Taha Yaseen ali<br>Engineer | Parts total Amount: 0.00 |                                                                                                                   |

(Hotline 9200 - Amico / 9200-26426) or callcenter@amicogroup.com

|                           |                       |                           |                           |                               |                       |                         |
|---------------------------|-----------------------|---------------------------|---------------------------|-------------------------------|-----------------------|-------------------------|
| <b>Head Office:</b>       | <b>Riyadh Branch:</b> | <b>Al-Khobar Branch:</b>  | <b>Al-Madina Branch:</b>  | <b>Abha Branch:</b>           | <b>Hail Branch:</b>   | <b>Qassim Branch:</b>   |
| Jeddah:                   | P.O.Box 55177, Riyadh | P.O.Box 30047, Al Khobar  | P.O.Box 2870 Madina-KSA   | Al Rajhi Center - Khalidiya - | Hail - KSA            | Qassim - Buraidah - KSA |
| P.O.Box 3871 Jeddah       | 11534, KSA            | 31952-KSA                 | Tel.:+966-14-815 4244/815 | Abha - KSA                    | Tel.:+966-16-558-6266 | Tel.:+966-16-326-3115   |
| 21841-KSA                 | Tel.:+966-11-480 0407 | Tel.:+966-13-864 2911/864 | 2529                      | Tel.:+966-17-228 8790         | Fax.:+966-16-558-5080 | Fax.:+966-16-326-7115   |
| Tel.:+966-12-660 1149/665 | Fax.:+966-11-480 3034 | 3587                      | Fax.:+966-14-815 4742     | Fax.:+966-17-228 8791         |                       |                         |
| 5766                      |                       | Fax.:+966-13-899 4033     | www.amicogroup.com        |                               |                       |                         |
| Fax.:+966-12-660 1146     |                       | E-                        |                           |                               |                       |                         |
| KINGDOM WIDE 920028289    |                       | Mail:ksa@amicogroup.com   |                           |                               |                       |                         |

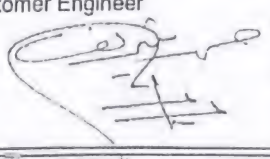


AMICO

MAINTENANCE

47535/20

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------|--------------------------------------------|--------|----|
| Hospital / Clinic :                                                                                                                                                                                                                                                    |                  | Telephone :                                                         |                                                                                     | Date : 19/4/21                        |        | <input type="checkbox"/> Contract PPM      |        |    |
| Address                                                                                                                                                                                                                                                                |                  | Fax :                                                               |                                                                                     | <input type="checkbox"/> PPM          |        | <input type="checkbox"/> Contract Repair   |        |    |
| KAASH                                                                                                                                                                                                                                                                  |                  | P.O. # :                                                            |                                                                                     | <input type="checkbox"/> Installation |        | <input type="checkbox"/> Site Inspection   |        |    |
| Contact Person :                                                                                                                                                                                                                                                       |                  | Received thru:                                                      |                                                                                     | <input type="checkbox"/> Warranty PPM |        | <input type="checkbox"/> Demo Installation |        |    |
| SAP Service Call #:                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Warranty Repair                            |                                                                                     | <input type="checkbox"/> Paid Service |        |                                            |        |    |
| Invoice #:                                                                                                                                                                                                                                                             |                  | Delivery                                                            |                                                                                     |                                       |        |                                            |        |    |
| Model : VIS                                                                                                                                                                                                                                                            |                  | Serial #:                                                           |                                                                                     | Description                           |        |                                            |        |    |
| Problem / Error :                                                                                                                                                                                                                                                      |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Work Report : PPM carried out test the machine & it's working well                                                                                                                                                                                                     |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Qty.                                                                                                                                                                                                                                                                   | Part Description |                                                                     |                                                                                     |                                       |        | Part #                                     | Price  |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Warranty Period:                                                                                                                                                                                                                                                       |                  |                                                                     |                                                                                     |                                       |        | Invoice #                                  |        |    |
|                                                                                                                                                                                                                                                                        | Acceptance Date  |                                                                     | 1st PM                                                                              |                                       | 2nd PM |                                            | 3rd PM |    |
|                                                                                                                                                                                                                                                                        | / / 20           |                                                                     | / / 20                                                                              |                                       | / / 20 |                                            | / / 20 |    |
| Date                                                                                                                                                                                                                                                                   | / / 20           |                                                                     | / / 20                                                                              |                                       | / / 20 |                                            | / / 20 |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Travel Time                                                                                                                                                                                                                                                            |                  |                                                                     | Working Time                                                                        |                                       |        | Expenses                                   |        |    |
| Date                                                                                                                                                                                                                                                                   | From             | To                                                                  | Total                                                                               | Unit                                  | Total  | Date                                       | From   | To |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Total Travel                                                                                                                                                                                                                                                           |                  |                                                                     | Total Work                                                                          |                                       |        | Total Expenses:                            |        |    |
|                                                                                                                                                                                                                                                                        |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |
| Work Complete                                                                                                                                                                                                                                                          |                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer                                                            |                                       |        | Date :                                     |        |    |
| Need Follow-up                                                                                                                                                                                                                                                         |                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                       |        | Stamp :                                    |        |    |
| Enclosed                                                                                                                                                                                                                                                               |                  |                                                                     |                                                                                     |                                       |        | Signature :                                |        |    |
| Engineer                                                                                                                                                                                                                                                               |                  |                                                                     |                                                                                     |                                       |        |                                            |        |    |

( Hotline 9200 - Amico / 9200-26426 ) or callcenter@amicogroup.com

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Fax : +966-12-660 1146  
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Hail - KSA  
Tel. : +966-16-558 6266  
Fax : +966-16-558 5080Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326 3115  
Fax : +966-16-326 7115


Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



(4)

45952/20

## SERVICE REPORT

| Hospital / Clinic : KASH TAIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Telephone :            |        | Date : 21-04-21                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|--------|--------------------------------------------------------------------------------|--------|----------------------------------|-------|-------|-------|------|-------|-----------------|-------|--|--|--|--|----------|--|------|------|----|-------|------|-------|------|------|----|-------|------|-------|------|-------|----------|------|-------|------|---|------|----------|-------|-------|------|---|------|--|--|--------------|--|--|--|--|--|------------|--|--|--|--|--|-----------------|--|
| Address :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Fax :                  |        | <input type="checkbox"/> PPM <input checked="" type="checkbox"/> Contract PPM  |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| P.O. # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Received thru :        |        | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| SAP Service Call # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | Warranty PPM           |        | <input type="checkbox"/> Site Inspection                                       |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Contact Person :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Warranty Repair        |        | <input type="checkbox"/> Demo Installation                                     |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Delivery               |        | <input type="checkbox"/> Paid Service                                          |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Model : INFINITI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Serial # : 0702120801X |        | Description : PHACO SYSTEM                                                     |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Problem / Error : - PPM -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Report : - PPM carried out, done<br>- system functionally checked, tested working fine as per SP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Description |                        |        |                                                                                | Price  |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Warranty Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Acceptance Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1st PM           |                        | 2nd PM |                                                                                | 3rd PM |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| / / 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21 / 04 / 2021   |                        | / / 20 |                                                                                | / / 20 |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | / / 20           |                        | / / 20 |                                                                                | / / 20 |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                        |        |                                                                                |        |                                  |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>21-04-21</td> <td>7:00</td> <td>10:00</td> <td>3:00</td> <td>1</td> <td>3:00</td> <td>21-04-21</td> <td>11:00</td> <td>11:30</td> <td>0:30</td> <td>1</td> <td>0:30</td> <td></td> <td></td> </tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table> |                  |                        |        |                                                                                |        | Travel Time                      |       |       |       |      |       | Working Time    |       |  |  |  |  | Expenses |  | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total | 21-04-21 | 7:00 | 10:00 | 3:00 | 1 | 3:00 | 21-04-21 | 11:00 | 11:30 | 0:30 | 1 | 0:30 |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                        |        |                                                                                |        | Working Time                     |       |       |       |      |       | Expenses        |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From             | To                     | Total  | Unit                                                                           | Total  | Date                             | From  | To    | Total | Unit | Total | Date            | Total |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| 21-04-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7:00             | 10:00                  | 3:00   | 1                                                                              | 3:00   | 21-04-21                         | 11:00 | 11:30 | 0:30  | 1    | 0:30  |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                        |        |                                                                                |        | Total Work                       |       |       |       |      |       | Total Expenses: |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note : Customer Engineer<br>Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Enclosed<br>Engineer : PKUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                        |        |                                                                                |        | Date :<br>Stamp :<br>Signature : |       |       |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |          |      |       |      |   |      |          |       |       |      |   |      |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



MAINTENANCE

45953/20

## SERVICE REPORT

|                                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------------------|
| Hospital / Clinic : <b>KASH TAF</b>                                                                                   |                                            | Telephone :                             |                                        | Date : <b>21-64-21</b>                   |                                                  |
| Address                                                                                                               |                                            | Fax :                                   |                                        | <input type="checkbox"/> PPM             | <input checked="" type="checkbox"/> Contract PPM |
|                                                                                                                       |                                            | P.O. # :                                |                                        | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair         |
|                                                                                                                       |                                            | Received thru :                         |                                        | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection         |
|                                                                                                                       |                                            | SAP Service Call # :                    |                                        | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation       |
| Contact Person :                                                                                                      |                                            |                                         |                                        | <input type="checkbox"/> Paid Service    |                                                  |
| Invoice # :                                                                                                           |                                            | Delivery                                |                                        |                                          |                                                  |
| Model : <b>INFINITI</b>                                                                                               |                                            | Serial # : <b>1103518301X</b>           |                                        | Description <b>PAPCO SYSTEM</b>          |                                                  |
| Problem / Error :<br><b>- PPM -</b>                                                                                   |                                            |                                         |                                        |                                          |                                                  |
| Work Report :<br><b>- PPM called out, power<br/>- system functionally checked, tested<br/>working fine as per STD</b> |                                            |                                         |                                        |                                          |                                                  |
| Optical <input type="checkbox"/>                                                                                      | Ophtha <input checked="" type="checkbox"/> | Derma <input type="checkbox"/>          | ENT <input type="checkbox"/>           | Ortho <input type="checkbox"/>           | Neuro <input type="checkbox"/>                   |
| General <input type="checkbox"/>                                                                                      | Trauma <input type="checkbox"/>            |                                         |                                        |                                          |                                                  |
| Qty.                                                                                                                  | Part Description                           |                                         |                                        | Part #                                   | Price                                            |
|                                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
|                                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
|                                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
|                                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
| Warranty Period:                                                                                                      |                                            |                                         |                                        |                                          |                                                  |
| Acceptance Date                                                                                                       | 1st PM                                     |                                         | 3rd PM                                 |                                          | 4th PM                                           |
| / / 20                                                                                                                | 21 / 64 / 2021                             |                                         | / / 20                                 |                                          | / / 20                                           |
| Date                                                                                                                  | / / 20                                     |                                         | / / 20                                 |                                          | / / 20                                           |
| Travel Time                                                                                                           |                                            |                                         |                                        |                                          |                                                  |
| Date                                                                                                                  | From                                       | To                                      | Total                                  | Unit                                     | Total                                            |
| 21-04-21                                                                                                              | 7:00                                       | 10:00                                   | 3                                      | 1                                        | 3:00                                             |
| Working Time                                                                                                          |                                            |                                         |                                        |                                          |                                                  |
| Date                                                                                                                  | From                                       | To                                      | Total                                  | Unit                                     | Total                                            |
| 21-04-21                                                                                                              | 11:40                                      | 2:20                                    | 1:30                                   | 1                                        | 1:30                                             |
| Expenses                                                                                                              |                                            |                                         |                                        |                                          |                                                  |
| Date                                                                                                                  |                                            |                                         | Total                                  |                                          |                                                  |
| Total Travel                                                                                                          |                                            |                                         |                                        |                                          |                                                  |
| Total Work                                                                                                            |                                            |                                         |                                        |                                          |                                                  |
| Total Expenses:                                                                                                       |                                            |                                         |                                        |                                          |                                                  |
| Work Complete                                                                                                         |                                            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | Note : Customer Engineer                 |                                                  |
| Need Follow-up                                                                                                        |                                            | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | Date :                                   |                                                  |
| Enclosed                                                                                                              |                                            |                                         |                                        | Stamp :                                  |                                                  |
| Engineer                                                                                                              |                                            | <b>PAUL</b>                             |                                        | Signature :                              |                                                  |

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MAINTENANCE

47531/20

## SERVICE REPORT

|                     |                      |                                          |                                            |
|---------------------|----------------------|------------------------------------------|--------------------------------------------|
| Hospital / Clinic : | Telephone :          | Date : 19/4/21                           |                                            |
|                     | Fax :                | <input type="checkbox"/> PPM             | <input type="checkbox"/> Contract PPM      |
| Address             | P.O. # :             | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair   |
| KAASH               | Received thru :      | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection   |
|                     | SAP Service Call # : | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation |
| Contact Person :    |                      |                                          | <input type="checkbox"/> Paid Service      |

|                 |                   |
|-----------------|-------------------|
| Invoice # :     | Delivery          |
| Model : AFC 210 | Serial # : 41563  |
|                 | Description WIDEK |

Problem / Error :

Work Report : 4 PM carried out

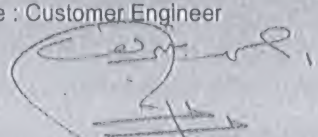
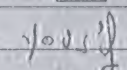
Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐ Trauma ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

Warranty Period: Invoice #

| Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|-----------------|--------|--------|--------|--------|
| / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
| Date            | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                |                                                                                     |                                                                                                                 |             |
|----------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 | Note : Customer Engineer<br> | Date :      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |                                                                                                                 | Stamp :     |
| Enclosed       |  |                                                                                                                 | Signature : |
| Engineer       |                                                                                     |                                                                                                                 |             |

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Abha Branch :  
Al Ragh Center - Khalidiya - Abha - KSA  
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Fax: +966-17-228 8791

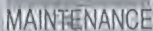
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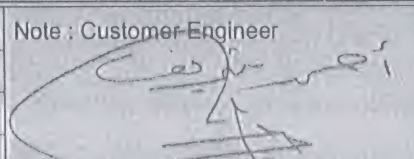


8

47527/20

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|-------|------------|------|----|-------|------|-------------|-----------------|--|-------|
| Hospital / Clinic :                                                                                                                                                                                                                                                    | Telephone :         | Date : 19/4/21                                                                      |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        | Fax :               | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                  |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Address<br>KASH                                                                                                                                                                                                                                                        | P.O. # :            | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        | Received thru:      | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        | SAP Service Call #: | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Contact Person :                                                                                                                                                                                                                                                       |                     | <input type="checkbox"/> Paid Service                                               |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Invoice #:                                                                                                                                                                                                                                                             | Delivery            |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Model : IM 900                                                                                                                                                                                                                                                         | Serial #: 608       | Description 49g                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Problem / Error :                                                                                                                                                                                                                                                      |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Work Report :<br>PPM carried out<br>test the machine                                                                                                                                                                                                                   |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Qty.                                                                                                                                                                                                                                                                   | Part Description    | Part # Price                                                                        |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Warranty Period:                                                                                                                                                                                                                                                       |                     | Invoice #                                                                           |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Acceptance Date                                                                                                                                                                                                                                                        | 1st PM              | 2nd PM                                                                              | 3rd PM                                 | 4th PM                                                                              |       |            |      |    |       |      |             |                 |  |       |
| / / 20                                                                                                                                                                                                                                                                 | / / 20              | / / 20                                                                              | / / 20                                 | / / 20                                                                              |       |            |      |    |       |      |             |                 |  |       |
| Date                                                                                                                                                                                                                                                                   | / / 20              | / / 20                                                                              | / / 20                                 | / / 20                                                                              |       |            |      |    |       |      |             |                 |  |       |
| Travel Time                                                                                                                                                                                                                                                            |                     | Working Time                                                                        |                                        | Expenses                                                                            |       |            |      |    |       |      |             |                 |  |       |
| Date                                                                                                                                                                                                                                                                   | From                | To                                                                                  | Total                                  | Unit                                                                                | Total | Date       | From | To | Total | Unit | Total       | Date            |  | Total |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
|                                                                                                                                                                                                                                                                        |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |
| Total Travel                                                                                                                                                                                                                                                           |                     |                                                                                     |                                        |                                                                                     |       | Total Work |      |    |       |      |             | Total Expenses: |  |       |
| Work Complete                                                                                                                                                                                                                                                          |                     | Yes <input checked="" type="checkbox"/>                                             | No <input type="checkbox"/>            | Note : Customer Engineer                                                            |       |            |      |    |       |      | Date :      |                 |  |       |
| Need Follow-up                                                                                                                                                                                                                                                         |                     | Yes <input type="checkbox"/>                                                        | No <input checked="" type="checkbox"/> |  |       |            |      |    |       |      | Stamp :     |                 |  |       |
| Enclosed                                                                                                                                                                                                                                                               |                     | Voucher                                                                             |                                        |                                                                                     |       |            |      |    |       |      | Signature : |                 |  |       |
| Engineer                                                                                                                                                                                                                                                               |                     |                                                                                     |                                        |                                                                                     |       |            |      |    |       |      |             |                 |  |       |

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47583/20

|                                     |                     |                                          |                                                  |
|-------------------------------------|---------------------|------------------------------------------|--------------------------------------------------|
| Hospital/Clinic:                    | Telephone:          | Date: 04 - 2 - 21                        |                                                  |
| King ABDUL AZIZ                     | Fax:                | <input type="checkbox"/> PPM             | <input checked="" type="checkbox"/> Contract PPM |
| Address: Specialist Hospital - Taif | P.O. #:             | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair         |
|                                     | Received thru:      | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection         |
|                                     | SAP Service Call #: | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation       |
| Contact Person:                     |                     |                                          | <input type="checkbox"/> Paid Service            |

|                      |                                 |
|----------------------|---------------------------------|
| Invoice #:           | Delivery                        |
| Model: NIDEK ARK-56A | Serial #: 333805                |
| Problem/Error:       | Description: ophthalmology Test |

Work Report: P.P.M has been done as per check list  
machine working good.

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐ Trauma ☐

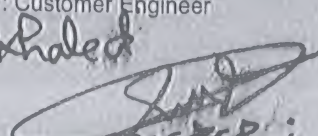
| Qty: | Part-Description | Part # | Price |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

Warranty Period:

Invoice #

| Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|-----------------|--------|--------|--------|--------|
| / / 20          | / / 20 | / / 20 | / / 20 | / / 20 |
| Date            | / / 20 | / / 20 | / / 20 | / / 20 |
|                 |        |        |        |        |
|                 |        |        |        |        |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                |                                                                     |                                                                                                                          |            |
|----------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note: Customer Engineer<br>Khalid<br> | Date:      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                          | Stamp:     |
| Enclosed       | ENB / 1                                                             |                                                                                                                          | Signature: |
| Engineer       | ENB / 1                                                             |                                                                                                                          |            |

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Abha Branch:  
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Orig.: Master file, Blue: Customer, Yellow: Workshop, Pink: Engineer, Green: Accountant



47534/20

|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|-------|------|-------|---------------------|------|----|-------|--------|-------|-------------------------------------------------------------------------------------|--|--------|-------|--|--|
| Hospital / Clinic :                                                                                                                                                                                                                                                    |      |                         |       |      |       | Telephone :         |      |    |       |        |       | Date : 19/4/20                                                                      |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       | Fax :               |      |    |       |        |       | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                  |  |        |       |  |  |
| Address KAASH Tag                                                                                                                                                                                                                                                      |      |                         |       |      |       | P.O. # :            |      |    |       |        |       | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       | Received thru:      |      |    |       |        |       | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       | SAP Service Call #: |      |    |       |        |       | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |  |        |       |  |  |
| Contact Person :                                                                                                                                                                                                                                                       |      |                         |       |      |       |                     |      |    |       |        |       | <input type="checkbox"/> Paid Service                                               |  |        |       |  |  |
| Invoice #:                                                                                                                                                                                                                                                             |      |                         |       |      |       | Delivery            |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Model : Handymen                                                                                                                                                                                                                                                       |      |                         |       |      |       | Serial #:           |      |    |       |        |       | Description WIDEH                                                                   |  |        |       |  |  |
| Problem / Error :                                                                                                                                                                                                                                                      |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Work Report : PPM carried out<br>test the machine of IPS<br>working well                                                                                                                                                                                               |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Qty.                                                                                                                                                                                                                                                                   |      | Part Description        |       |      |       |                     |      |    |       |        |       | Part #                                                                              |  | Price  |       |  |  |
|                                                                                                                                                                                                                                                                        |      | [Handwritten signature] |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Warranty Period:                                                                                                                                                                                                                                                       |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Acceptance Date                                                                                                                                                                                                                                                        |      | 1st PM                  |       |      |       | 2nd PM              |      |    |       | 3rd PM |       |                                                                                     |  | 4th PM |       |  |  |
| / / 20                                                                                                                                                                                                                                                                 |      | / / 20                  |       |      |       | / / 20              |      |    |       | / / 20 |       |                                                                                     |  | / / 20 |       |  |  |
| Date                                                                                                                                                                                                                                                                   |      | / / 20                  |       |      |       | / / 20              |      |    |       | / / 20 |       |                                                                                     |  | / / 20 |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Travel Time                                                                                                                                                                                                                                                            |      |                         |       |      |       | Working Time        |      |    |       |        |       | Expenses                                                                            |  |        |       |  |  |
| Date                                                                                                                                                                                                                                                                   | From | To                      | Total | Unit | Total | Date                | From | To | Total | Unit   | Total | Date                                                                                |  |        | Total |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Total Travel                                                                                                                                                                                                                                                           |      |                         |       |      |       | Total Work          |      |    |       |        |       | Total Expenses:                                                                     |  |        |       |  |  |
| Work Complete    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                   |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Need Follow-up    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                  |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Enclosed                                                                                                                                                                                                                                                               |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Engineer [Signature]                                                                                                                                                                                                                                                   |      |                         |       |      |       |                     |      |    |       |        |       |                                                                                     |  |        |       |  |  |
| Note : Customer Engineer [Signature]                                                                                                                                                                                                                                   |      |                         |       |      |       |                     |      |    |       |        |       | Date :                                                                              |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       | Stamp :                                                                             |  |        |       |  |  |
|                                                                                                                                                                                                                                                                        |      |                         |       |      |       |                     |      |    |       |        |       | Signature :                                                                         |  |        |       |  |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



47533/20

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

|                     |                     |                                                                                     |
|---------------------|---------------------|-------------------------------------------------------------------------------------|
| Hospital / Clinic : | Telephone :         | Date : 19/4/21                                                                      |
|                     | Fax :               | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                  |
| Address             | P.O. # :            | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |
| KAASH               | Received thru:      | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |
|                     | SAP Service Call #: | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |
| Contact Person :    |                     | <input type="checkbox"/> Paid Service                                               |

|                 |                   |
|-----------------|-------------------|
| Invoice #:      | Delivery          |
| Model : Handref | Serial #:         |
|                 | Description NIDEK |

|                   |
|-------------------|
| Problem / Error : |
|                   |
|                   |

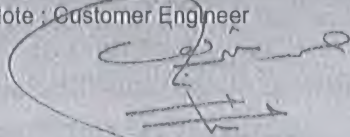
|                 |
|-----------------|
| Work Report :   |
| PRM carried out |
|                 |
|                 |

|                                  |                                            |                                |                              |                                |                                |                                  |                                 |
|----------------------------------|--------------------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|
| Optical <input type="checkbox"/> | Ophtha <input checked="" type="checkbox"/> | Derma <input type="checkbox"/> | ENT <input type="checkbox"/> | Ortho <input type="checkbox"/> | Neuro <input type="checkbox"/> | General <input type="checkbox"/> | Trauma <input type="checkbox"/> |
|----------------------------------|--------------------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|

| Qty | Part Description  | Part # | Price |
|-----|-------------------|--------|-------|
|     | اسطوانة<br>البريق |        |       |
|     |                   |        |       |
|     |                   |        |       |

|                  |           |        |        |        |
|------------------|-----------|--------|--------|--------|
| Warranty Period: | Invoice # |        |        |        |
| Acceptance Date  | 1st PM    | 2nd PM | 3rd PM | 4th PM |
| / / 20           | / / 20    | / / 20 | / / 20 | / / 20 |
| Date             | / / 20    | / / 20 | / / 20 | / / 20 |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses        |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|-----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date            | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                 |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses: |       |

|                |                                                                     |                                                                                                                 |             |
|----------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer<br> | Date :      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                 | Stamp :     |
| Enclosed       | 10052                                                               |                                                                                                                 | Signature : |
| Engineer       |                                                                     |                                                                                                                 |             |

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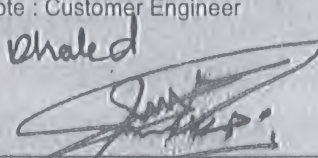
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Fax : +966-16-326 7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|--------|-----------------|-------|
| Hospital / Clinic : King ABDUL AZIZ                                                                                                                                                                                                                         |                  | Telephone :                                              |        | Date : 18-4-2021                                                                                |        |                 |       |
| Address : specialist Hospital - Taif                                                                                                                                                                                                                        |                  | Fax :                                                    |        | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                              |        |                 |       |
|                                                                                                                                                                                                                                                             |                  | P.O. # :                                                 |        | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair                  |        |                 |       |
|                                                                                                                                                                                                                                                             |                  | Received thru :                                          |        | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection                  |        |                 |       |
|                                                                                                                                                                                                                                                             |                  | SAP Service Call # :                                     |        | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation             |        |                 |       |
| Contact Person :                                                                                                                                                                                                                                            |                  |                                                          |        | <input type="checkbox"/> Paid Service                                                           |        |                 |       |
| Invoice # :                                                                                                                                                                                                                                                 |                  | Delivery                                                 |        |                                                                                                 |        |                 |       |
| Model : NIDEK - ARK-1                                                                                                                                                                                                                                       |                  | Serial # : 434091                                        |        | Description : ophthalmology test                                                                |        |                 |       |
| Problem / Error :                                                                                                                                                                                                                                           |                  |                                                          |        |                                                                                                 |        |                 |       |
| Work Report : P.P.M has been done as per check list machine working Good                                                                                                                                                                                    |                  |                                                          |        |                                                                                                 |        |                 |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                                          |        |                                                                                                 |        |                 |       |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                                                          |        |                                                                                                 | Price  |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
| Warranty Period:                                                                                                                                                                                                                                            |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             | Acceptance Date  | 1st PM                                                   | 2nd PM | 3rd PM                                                                                          | 4th PM |                 |       |
|                                                                                                                                                                                                                                                             | / / 20           | / / 20                                                   | / / 20 | / / 20                                                                                          | / / 20 |                 |       |
| Date                                                                                                                                                                                                                                                        | / / 20           | / / 20                                                   | / / 20 | / / 20                                                                                          | / / 20 |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
| Travel Time                                                                                                                                                                                                                                                 |                  | Working Time                                             |        |                                                                                                 |        | Expenses        |       |
| Date                                                                                                                                                                                                                                                        | From             | To                                                       | Total  | Unit                                                                                            | Total  | Date            | Total |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                                                          |        |                                                                                                 |        |                 |       |
| Total Travel                                                                                                                                                                                                                                                |                  | Total Work                                               |        |                                                                                                 |        | Total Expenses: |       |
| Work Complete                                                                                                                                                                                                                                               |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Note : Customer Engineer                                                                        |        | Date :          |       |
| Need Follow-up                                                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |        | Signature :  |        | Stamp :         |       |
| Enclosed                                                                                                                                                                                                                                                    |                  | 2/2                                                      |        |                                                                                                 |        | Signature :     |       |
| Engineer                                                                                                                                                                                                                                                    |                  |                                                          |        |                                                                                                 |        |                 |       |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------|--------------------------|------------|--------|----|----------|-------------|---------|-----------------|--|-------|
| Hospital / Clinic :                                                                                                                                                                                                                                         |                  | Telephone :                             |                                        | Date: 18-4-2021                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| King ABDUL AZIZ                                                                                                                                                                                                                                             |                  | Fax :                                   |                                        | <input type="checkbox"/> PPM <input checked="" type="checkbox"/> Contract PPM       |                          |            |        |    |          |             |         |                 |  |       |
| Address 8 Specialist Hospital - Taif                                                                                                                                                                                                                        |                  | P.O. # :                                |                                        | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  | Received thru:                          |                                        | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  | SAP Service Call #:                     |                                        | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |                          |            |        |    |          |             |         |                 |  |       |
| Contact Person :                                                                                                                                                                                                                                            |                  |                                         |                                        | <input type="checkbox"/> Paid Service                                               |                          |            |        |    |          |             |         |                 |  |       |
| Invoice #:                                                                                                                                                                                                                                                  |                  | Delivery                                |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Model: NIDEK - ARK-S10A                                                                                                                                                                                                                                     |                  | Serial #: 331184                        |                                        | Description ophthalmology Test                                                      |                          |            |        |    |          |             |         |                 |  |       |
| Problem / Error:                                                                                                                                                                                                                                            |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Work Report: P.P.M has been done as per check list machine working Good.                                                                                                                                                                                    |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                                         |                                        |                                                                                     | Part #                   | Price      |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Warranty Period:                                                                                                                                                                                                                                            |                  |                                         |                                        |                                                                                     |                          | Invoice #  |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             | Acceptance Date  |                                         | 1st PM                                 |                                                                                     | 2nd PM                   |            | 3rd PM |    | 4th PM   |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             | / / 20           |                                         | / / 20                                 |                                                                                     | / / 20                   |            | / / 20 |    | / / 20   |             |         |                 |  |       |
| Date                                                                                                                                                                                                                                                        | / / 20           |                                         | / / 20                                 |                                                                                     | / / 20                   |            | / / 20 |    | / / 20   |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Travel Time                                                                                                                                                                                                                                                 |                  |                                         | Working Time                           |                                                                                     |                          |            |        |    | Expenses |             |         |                 |  |       |
| Date                                                                                                                                                                                                                                                        | From             | To                                      | Total                                  | Unit                                                                                | Total                    | Date       | From   | To | Total    | Unit        | Total   | Date            |  | Total |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
|                                                                                                                                                                                                                                                             |                  |                                         |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |
| Total Travel                                                                                                                                                                                                                                                |                  |                                         |                                        |                                                                                     |                          | Total Work |        |    |          |             |         | Total Expenses: |  |       |
| Work Complete                                                                                                                                                                                                                                               |                  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |                                                                                     | Note : Customer Engineer |            |        |    |          |             | Date :  |                 |  |       |
| Need Follow-up                                                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |                                                                                     | Khaled                   |            |        |    |          |             | Stamp : |                 |  |       |
| Enclosed                                                                                                                                                                                                                                                    |                  | ENG                                     |                                        |                                                                                     |                          |            |        |    |          | Signature : |         |                 |  |       |
| Engineer                                                                                                                                                                                                                                                    |                  | JL                                      |                                        |                                                                                     |                          |            |        |    |          |             |         |                 |  |       |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--------|-------------------------------------------------------------------------------------|--------|-----------------|-------|
| Hospital / Clinic :                                                                                                                                                                                                                                         |                  | Telephone :              |        | Date: 18-4-2021                                                                     |        |                 |       |
| King Abdul Aziz                                                                                                                                                                                                                                             |                  | Fax :                    |        | <input type="checkbox"/> PPM <input checked="" type="checkbox"/> Contract PPM       |        |                 |       |
| Address Specialist                                                                                                                                                                                                                                          |                  | P.O. # :                 |        | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |        |                 |       |
| Hospital - Taif                                                                                                                                                                                                                                             |                  | Received thru:           |        | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |        |                 |       |
| Contact Person :                                                                                                                                                                                                                                            |                  | SAP Service Call #:      |        | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |        |                 |       |
| Invoice #:                                                                                                                                                                                                                                                  |                  | Delivery                 |        | <input type="checkbox"/> Paid Service                                               |        |                 |       |
| Model : NIDEK AR-20                                                                                                                                                                                                                                         |                  | Serial #: 240188         |        | Description orthomology                                                             |        |                 |       |
| Problem / Error :                                                                                                                                                                                                                                           |                  |                          |        | Test                                                                                |        |                 |       |
| Work Report: P.P.M has been done as per check list                                                                                                                                                                                                          |                  |                          |        |                                                                                     |        |                 |       |
| machine working Good                                                                                                                                                                                                                                        |                  |                          |        |                                                                                     |        |                 |       |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                          |        |                                                                                     |        |                 |       |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                          |        |                                                                                     | Part # | Price           |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
| Warranty Period:                                                                                                                                                                                                                                            |                  |                          |        |                                                                                     |        | Invoice #       |       |
|                                                                                                                                                                                                                                                             | Acceptance Date  | 1st PM                   | 2nd PM | 3rd PM                                                                              | 4th PM |                 |       |
|                                                                                                                                                                                                                                                             | / / 20           | / / 20                   | / / 20 | / / 20                                                                              | / / 20 |                 |       |
| Date                                                                                                                                                                                                                                                        | / / 20           | / / 20                   | / / 20 | / / 20                                                                              | / / 20 |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
| Travel Time                                                                                                                                                                                                                                                 |                  | Working Time             |        |                                                                                     |        | Expenses        |       |
| Date                                                                                                                                                                                                                                                        | From             | To                       | Total  | Unit                                                                                | Total  | Date            | Total |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
|                                                                                                                                                                                                                                                             |                  |                          |        |                                                                                     |        |                 |       |
| Total Travel                                                                                                                                                                                                                                                |                  | Total Work               |        |                                                                                     |        | Total Expenses: |       |
| Work Complete                                                                                                                                                                                                                                               |                  | Note : Customer Engineer |        |                                                                                     |        | Date :          |       |
| Need Follow-up                                                                                                                                                                                                                                              |                  | thalee                   |        |                                                                                     |        | Stamp :         |       |
| Enclosed                                                                                                                                                                                                                                                    |                  | Signature :              |        |                                                                                     |        |                 |       |
| Engineer                                                                                                                                                                                                                                                    |                  |                          |        |                                                                                     |        |                 |       |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



## MAINTENANCE

47530/20

## SERVICE REPORT

|                                                                                    |                                            |                                                                                                                                                                                            |
|------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospital / Clinic :                                                                | Telephone :                                | Date : 19/4/21                                                                                                                                                                             |
|                                                                                    | Fax :                                      | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM                                                                                                                         |
| Address                                                                            | P.O. # :                                   | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair                                                                                                             |
| KASH                                                                               | Received thru:                             | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection                                                                                                             |
|                                                                                    | SAP Service Call #:                        | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation                                                                                                        |
| Contact Person :                                                                   |                                            | <input type="checkbox"/> Paid Service                                                                                                                                                      |
| Invoice #:                                                                         | Delivery                                   |                                                                                                                                                                                            |
| Model : AFC 236                                                                    | Serial #: 321039                           | Description : WIDEK                                                                                                                                                                        |
| Problem/Error :                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
| Work Report : PRM Carried out                                                      |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
| Optical <input type="checkbox"/>                                                   | Ophtha <input checked="" type="checkbox"/> | Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |
| Qty.                                                                               | Part Description                           | Part # Price                                                                                                                                                                               |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
| Warranty Period:                                                                   |                                            | Invoice #                                                                                                                                                                                  |
| Acceptance Date                                                                    | 1st PM                                     | 2nd PM                                                                                                                                                                                     |
| / / 20                                                                             | / / 20                                     | / / 20                                                                                                                                                                                     |
| Date                                                                               | / / 20                                     | / / 20                                                                                                                                                                                     |
|                                                                                    |                                            |                                                                                                                                                                                            |
| Travel Time                                                                        |                                            | Working Time                                                                                                                                                                               |
| Date                                                                               | From To Total Unit Total                   | Date From To Total Unit Total                                                                                                                                                              |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
|                                                                                    |                                            |                                                                                                                                                                                            |
| Total Travel                                                                       | Total Work                                 | Total Expenses:                                                                                                                                                                            |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                            | Note : Customer Engineer                                                                                                                                                                   |
| Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                            | Date :                                                                                                                                                                                     |
| Enclosed                                                                           |                                            | Stamp :                                                                                                                                                                                    |
| Engineer Xoush                                                                     |                                            | Signature :                                                                                                                                                                                |

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1990

**Orig : Master**

**Blue: Customer**

Workshop Pink :

Engineer Green

**infant**

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



|                     |                      |                                          |                                            |
|---------------------|----------------------|------------------------------------------|--------------------------------------------|
| Hospital / Clinic : | Telephone :          | Date : 19/4/21                           |                                            |
|                     | Fax :                | <input type="checkbox"/> PPM             | <input type="checkbox"/> Contract PPM      |
| Address : KAASIF    | P.O. # :             | <input type="checkbox"/> Installation    | <input type="checkbox"/> Contract Repair   |
|                     | Received thru :      | <input type="checkbox"/> Warranty PPM    | <input type="checkbox"/> Site Inspection   |
|                     | SAP Service Call # : | <input type="checkbox"/> Warranty Repair | <input type="checkbox"/> Demo Installation |
| Contact Person :    |                      | <input type="checkbox"/> Paid Service    |                                            |

|                    |                 |
|--------------------|-----------------|
| Invoice # :        | Delivery        |
| Model : I-1900     | Serial # : 1630 |
| Description : H998 |                 |
| Problem / Error :  |                 |

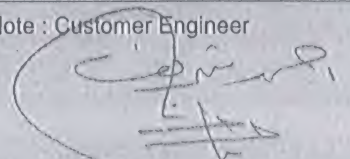
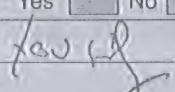
|               |                                                            |
|---------------|------------------------------------------------------------|
| Work Report : | PPM carried out<br>test the machine & H998<br>working well |
|---------------|------------------------------------------------------------|

|                                  |                                            |                                |                              |                                |                                |                                  |                                 |
|----------------------------------|--------------------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|
| Optical <input type="checkbox"/> | Ophtha <input checked="" type="checkbox"/> | Derma <input type="checkbox"/> | ENT <input type="checkbox"/> | Ortho <input type="checkbox"/> | Neuro <input type="checkbox"/> | General <input type="checkbox"/> | Trauma <input type="checkbox"/> |
|----------------------------------|--------------------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

|                            |                      |
|----------------------------|----------------------|
| Warranty Period :          | Invoice #            |
| Acceptance Date : 1 / / 20 | 1st PM : 19 / 4 / 20 |
| Date : 1 / / 20            | 3rd PM : 1 / / 20    |
|                            | 4th PM : 1 / / 20    |

| Travel Time  |      |    |       |      |       | Working Time |      |    |       |      |       | Expenses       |       |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------------|-------|
| Date         | From | To | Total | Unit | Total | Date         | From | To | Total | Unit | Total | Date           | Total |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
|              |      |    |       |      |       |              |      |    |       |      |       |                |       |
| Total Travel |      |    |       |      |       | Total Work   |      |    |       |      |       | Total Expenses |       |

|                |                                                                                     |                                                                                                                 |             |
|----------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|
| Work Complete  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 | Note : Customer Engineer<br> | Date :      |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |                                                                                                                 | Stamp :     |
| Enclosed       |  |                                                                                                                 | Signature : |
| Engineer       |                                                                                     |                                                                                                                 |             |

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Qassim Branch :

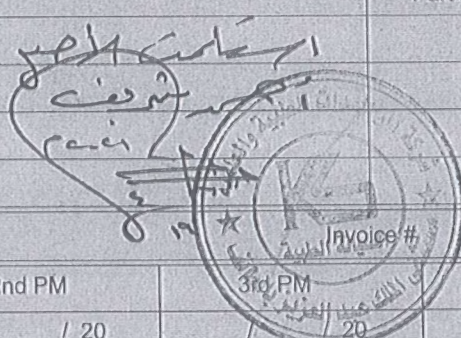
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Fax : +966-16-328-7115

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant



| Hospital / Clinic :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | Telephone :                                                         |        | Date : 19/4/21                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|--------------------------------------------------------------------|--------|--------------|------|----|-------|------|-------|-----------------|-------|--|--|--|--|----------|--|------|------|----|-------|------|-------|------|------|----|-------|------|-------|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|------------|--|--|--|--|--|-----------------|--|
| Address : KHANSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     | Fax :                                                               |        | <input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| P.O. # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | <input type="checkbox"/> Installation                               |        | <input type="checkbox"/> Contract Repair                           |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Received thru :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     | <input type="checkbox"/> Warranty PPM                               |        | <input type="checkbox"/> Site Inspection                           |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| SAP Service Call # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <input type="checkbox"/> Warranty Repair                            |        | <input type="checkbox"/> Demo Installation                         |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Contact Person : Tais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                     |        | <input type="checkbox"/> Paid Service                              |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | Delivery                                                            |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Model :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | Serial # : 130227                                                   |        | Description : crosslinking                                         |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Problem / Error :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Report : PPM carried out test the machine & it's working well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Description                                                                    |                                                                     |        |                                                                    | Price  |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Warranty Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Acceptance Date                                                                     | 1st PM                                                              | 2nd PM | 3rd PM                                                             | 4th PM |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / / 20                                                                              | / / 20                                                              | / / 20 | / / 20                                                             | / / 20 |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / / 20                                                                              | / / 20                                                              | / / 20 | / / 20                                                             | / / 20 |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table> |                                                                                     |                                                                     |        |                                                                    |        | Travel Time  |      |    |       |      |       | Working Time    |       |  |  |  |  | Expenses |  | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                     |        |                                                                    |        | Working Time |      |    |       |      |       | Expenses        |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | From                                                                                | To                                                                  | Total  | Unit                                                               | Total  | Date         | From | To | Total | Unit | Total | Date            | Total |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                     |        |                                                                    |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                     |        |                                                                    |        | Total Work   |      |    |       |      |       | Total Expenses: |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |        | Note : Customer Engineer                                           |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Need Follow-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |        | Date :                                                             |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | Tais                                                                |        | Stamp :                                                            |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | Tais                                                                |        | Signature :                                                        |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |

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| King ABDUL AZIZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Fax :                                                               |        | <input type="checkbox"/> PPM <input checked="" type="checkbox"/> Contract PPM       |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Address specialist Hospital - Taif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | P.O. # :                                                            |        | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Received thru :                                                     |        | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | SAP Service Call # :                                                |        | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Contact Person :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                     |        | <input type="checkbox"/> Paid Service                                               |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Delivery                                                            |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Model : NIDE - US-3300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | Serial # : 10770                                                    |        | Description ophth - ULTRA Sound                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Problem / Error :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Report : P.P.M was been done as per check list machine working Good.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Description |                                                                     |        | Part #                                                                              | Price  |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Warranty Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acceptance Date  | 1st PM                                                              | 2nd PM | 3rd PM                                                                              | 4th PM |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | / / 20           | / / 20                                                              | / / 20 | / / 20                                                                              | / / 20 |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / / 20           | / / 20                                                              | / / 20 | / / 20                                                                              | / / 20 |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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| <table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table> |                  |                                                                     |        |                                                                                     |        | Travel Time  |      |    |       |      |       | Working Time    |       |  |  |  |  | Expenses |  | Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                     |        |                                                                                     |        | Working Time |      |    |       |      |       | Expenses        |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | From             | To                                                                  | Total  | Unit                                                                                | Total  | Date         | From | To | Total | Unit | Total | Date            | Total |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        |                                                                                     |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                     |        |                                                                                     |        | Total Work   |      |    |       |      |       | Total Expenses: |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |        | Note : Customer Engineer                                                            |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Need Follow-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |        | Khaled                                                                              |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | ENGR                                                                |        | Signature                                                                           |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                     |        | Date :                                                                              |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        | Stamp :                                                                             |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                     |        | Signature :                                                                         |        |              |      |    |       |      |       |                 |       |  |  |  |  |          |  |      |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |

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47593/20

## SERVICE REPORT

|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------|--------|-----------------|------|---------|-------|------|-------|------|--|-------|--|
| Hospital / Clinic :                                                                                                                                                                                                                                         |                  | Telephone :                                                         |           | Date : 18-4-2021                                                                    |        |                 |      |         |       |      |       |      |  |       |  |
| King ABDUL AZIZ                                                                                                                                                                                                                                             |                  | Fax :                                                               |           | <input type="checkbox"/> PPM <input checked="" type="checkbox"/> Contract PPM       |        |                 |      |         |       |      |       |      |  |       |  |
| Address specialist                                                                                                                                                                                                                                          |                  | P.O. # :                                                            |           | <input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair      |        |                 |      |         |       |      |       |      |  |       |  |
| Hospital - Taif                                                                                                                                                                                                                                             |                  | Received thru :                                                     |           | <input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection      |        |                 |      |         |       |      |       |      |  |       |  |
| Contact Person :                                                                                                                                                                                                                                            |                  | SAP Service Call # :                                                |           | <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation |        |                 |      |         |       |      |       |      |  |       |  |
| Invoice # :                                                                                                                                                                                                                                                 |                  | Delivery                                                            |           | <input type="checkbox"/> Paid Service                                               |        |                 |      |         |       |      |       |      |  |       |  |
| Model : NIDEK - Tono Refill                                                                                                                                                                                                                                 |                  | Serial # : 733704                                                   |           | Description ophthalmology                                                           |        |                 |      |         |       |      |       |      |  |       |  |
| Problem / Error :                                                                                                                                                                                                                                           |                  |                                                                     |           | Test                                                                                |        |                 |      |         |       |      |       |      |  |       |  |
| Work Report : P.P.M has been done as per check list                                                                                                                                                                                                         |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Machine working Good.                                                                                                                                                                                                                                       |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/> |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Qty.                                                                                                                                                                                                                                                        | Part Description |                                                                     |           |                                                                                     | Price  |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Warranty Period :                                                                                                                                                                                                                                           |                  |                                                                     | Invoice # |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             | Acceptance Date  | 1st PM                                                              | 2nd PM    | 3rd PM                                                                              | 4th PM |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             | / / 20           | / / 20                                                              | / / 20    | / / 20                                                                              | / / 20 |                 |      |         |       |      |       |      |  |       |  |
| Date                                                                                                                                                                                                                                                        | / / 20           | / / 20                                                              | / / 20    | / / 20                                                                              | / / 20 |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Travel Time                                                                                                                                                                                                                                                 |                  | Working Time                                                        |           |                                                                                     |        | Expenses        |      |         |       |      |       |      |  |       |  |
| Date                                                                                                                                                                                                                                                        | From             | To                                                                  | Total     | Unit                                                                                | Total  | Date            | From | To      | Total | Unit | Total | Date |  | Total |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                     |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |
| Total Travel                                                                                                                                                                                                                                                |                  | Total Work                                                          |           |                                                                                     |        | Total Expenses: |      |         |       |      |       |      |  |       |  |
| Work Complete                                                                                                                                                                                                                                               |                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |           | Note : Customer Engineer                                                            |        |                 |      | Date :  |       |      |       |      |  |       |  |
| Need Follow-up                                                                                                                                                                                                                                              |                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |           | Shaked                                                                              |        |                 |      | Stamp : |       |      |       |      |  |       |  |
| Enclosed                                                                                                                                                                                                                                                    |                  | ENG/ MAJED.                                                         |           | Signature :                                                                         |        |                 |      |         |       |      |       |      |  |       |  |
| Engineer                                                                                                                                                                                                                                                    |                  | NG                                                                  |           |                                                                                     |        |                 |      |         |       |      |       |      |  |       |  |

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| Hospital / Clinic :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | Telephone :                              |        | Date : 18-4-2021                           |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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| King ABDUL AZIZ<br>Address specialist<br>Hospital - Taif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Fax :                                    |        | <input type="checkbox"/> PPM               | <input checked="" type="checkbox"/> Contract PPM |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| P.O. # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | <input type="checkbox"/> Installation    |        | <input type="checkbox"/> Contract Repair   |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Received thru :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | <input type="checkbox"/> Warranty PPM    |        | <input type="checkbox"/> Site Inspection   |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| SAP Service Call # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | <input type="checkbox"/> Warranty Repair |        | <input type="checkbox"/> Demo Installation |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Contact Person :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                          |        | <input type="checkbox"/> Paid Service      |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Invoice # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Delivery                                 |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Model : NIDEK - Tono Ref II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Serial # : 733705                        |        | Description ophthalmology<br>Test          |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Problem / Error :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Report : P.P.M has been done as per check list<br>Machine working good.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Qty.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part Description |                                          |        |                                            | Price                                            |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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| Warranty Period: <table border="1"> <tr> <th>Acceptance Date</th> <th>1st PM</th> <th>2nd PM</th> <th>3rd PM</th> <th>4th PM</th> </tr> <tr> <td>/ / 20</td> <td>/ / 20</td> <td>/ / 20</td> <td>/ / 20</td> <td>/ / 20</td> </tr> <tr> <td>Date</td> <td>/ / 20</td> <td>/ / 20</td> <td>/ / 20</td> <td>/ / 20</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                          |        |                                            |                                                  | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM | / / 20 | / / 20          | / / 20 | / / 20 | / / 20 | Date | / / 20 | / / 20   | / / 20 | / / 20 |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Acceptance Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1st PM           | 2nd PM                                   | 3rd PM | 4th PM                                     |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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| Invoice #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| <table border="1"> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </table> |                  |                                          |        |                                            |                                                  | Travel Time     |        |        |        |        |        | Working Time    |        |        |        |      |        | Expenses |        | Date   | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total Travel |  |  |  |  |  | Total Work |  |  |  |  |  | Total Expenses: |  |
| Travel Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                          |        |                                            |                                                  | Working Time    |        |        |        |        |        | Expenses        |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | From             | To                                       | Total  | Unit                                       | Total                                            | Date            | From   | To     | Total  | Unit   | Total  | Date            | Total  |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
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| Total Travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                          |        |                                            |                                                  | Total Work      |        |        |        |        |        | Total Expenses: |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/><br>Enclosed ENGAL MATER<br>Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Note : Customer Engineer<br>Khaled<br>Signature :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |
| Date :<br>Stamp :<br>Signature :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                          |        |                                            |                                                  |                 |        |        |        |        |        |                 |        |        |        |      |        |          |        |        |      |    |       |      |       |      |      |    |       |      |       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |            |  |  |  |  |  |                 |  |

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant